

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004170

**Entity Name:** ELEVENTH HOUR MINISTRY, INC.**Current Principal Place of Business:**9770 WEST SAMPLE RD  
CORAL SPRINGS, FL 33065**Current Mailing Address:**POST OFFICE BOX 184  
BOCA RATON, FL 33429 US**FEI Number:** 02-0803669**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOUR WINDS GOD KINGDOM FELLOWSHIP  
9770 W SAMPLE RD  
CORAL SPRING, FL 33065 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	MADET, SAINT-ALAIS A
Address	9770 W SAMPLE RD
City-State-Zip:	CORAL SPRINGS FL 33065

Title	T
Name	GUE, YOUDELINE
Address	9770 W SAMPLE RD
City-State-Zip:	CORAL SPRING FL 33065

Title	S
Name	BEAUVAIS, YVES
Address	9770 W SAMPLE RD
City-State-Zip:	CORAL SPRING FL 33065

Title	T
Name	FERTILIEN, SHERLEY
Address	9770 WEST SAMPLE RD
City-State-Zip:	CORAL SPRINGS FL 33065

Title	T
Name	DUMERVIL, MARCELLE
Address	9770 WEST SAMPLE RD
City-State-Zip:	CORAL SPRINGS FL 33065

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MADET , SAINT-ALAIS A****PRESIDENT****03/23/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date