

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006898

Entity Name: THE ETERNAL GUIDING LIGHT FAITH MINISTRIES AND
COMMUNITY DEVELOPMENT CORPORATION, INC.**FILED**
Apr 30, 2015
Secretary of State
CC3238618117**Current Principal Place of Business:**2649 NW 9 COURT
POMPANO BEACH, FL 33069**Current Mailing Address:**4280 NW 12 STREET
COCONUT CREEK, FL 33066 US**FEI Number: 65-0798165****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCCLEOD, GARY B
4280 NW 12 ST
COCONUT CREEK, FL 33066 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	MCCLEOD, GARY B
Address	4280 NW 12 STREET
City-State-Zip:	COCONUT CREEK FL 33066

Title	D
Name	BYNUM, JANICE
Address	2413 NW 6 STREET
City-State-Zip:	POMPANO BEACH FL 33069

Title	T
Name	NOIRD, DONNA
Address	951 NW 27 AVE
City-State-Zip:	POMPANO BEACH FL 33069

Title	V
Name	MCCLEOD, SYNTHIA Y
Address	4280 NW 6 STREET
City-State-Zip:	COCONUT CREEK FL 33066

Title	D
Name	JACKSON, JOYCE
Address	360 NW 14 STREET
City-State-Zip:	POMPANO BEACH FL 33060

Title	T
Name	PHOENIX, PAMELA
Address	951 NW 27 AVE
City-State-Zip:	FORT LAUDERDALE FL 33069

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: GARY MCCLEOD**PRESIDENT****04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date