2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005
Secretary of State

DOCUMENT# 702005

Entity Name: CHILDREN'S MINISTRY OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1856 NORTHEAST 163RD STREET
C/O WEBB D CHENAULT
N MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

1856 NORTHEAST 163RD STREET
N MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 59-1050993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHENAULT, WEBB D.
665 N.W. 150 ST.
MIAMI, FL 33168 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	VPD	( ) Delete
Name:	HALL, MARK A	
Address:	5222 SW 115 TERRACE	
City-St-Zip:	COOPER CITY, FL 33330	
Title:	D	( ) Delete
Name:	HALL, DEBORA L	
Address:	5222 SW 115 TERRACE	
City-St-Zip:	COOPER CITY, FL 33330	
Title:	D	( ) Delete
Name:	MAY, RUTH,	
Address:	4126 NW 3 AVE	
City-St-Zip:	MIAMI, FL 33127	
Title:	PD	( ) Delete
Name:	MAY, CLYDE,	
Address:	4126 NW 3 AVE	
City-St-Zip:	MIAMI, FL 33127	
Title:	SD	( ) Delete
Name:	CHENAULT, CASSIE L,	
Address:	665 NW 150TH ST	
City-St-Zip:	MIAMI, FL 33168	
Title:	TD	( ) Delete
Name:	NEMIC, MARILYN G	
Address:	8260 NW 170 TERR	
City-St-Zip:	HIALEAH, FL 33015	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	MAY, CLYDE,	
Address:	4126 NW 3 AVE	
City-St-Zip:	MIAMI, FL 33127	
Title:	SD	(X) Change ( ) Addition
Name:	CHENAULT, CASSIE L.,	
Address:	665 NW 150TH ST	
City-St-Zip:	MIAMI, FL 33168	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CLYDE MAY MR. 02/22/2005

Electronic Signature of Signing Officer or Director — Date