


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000003455			
1. Entity Name HANNAH'S VOICE INTERNATIONAL MINISTRIES, INC.			
Principal Place of Business 5752 DELANO LN ORLANDO FL 32821		Mailing Address 5752 DELANO LN ORLANDO FL 32821	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 36-4413782		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAWLAK, SAMUEL P JR 5752 DELANO LN ORLANDO FL 32821		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P PAWLAK, SAMUEL P JR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAWLAK, SAMUEL P JR		NAME		
STREET ADDRESS	5752 DELANO LN		STREET ADDRESS	U000000058158	
CITY-ST-ZIP	ORLANDO FL 32821		CITY-ST-ZIP	02/20/04-80018-015 61.25	
TITLE	V PAWLAK, SHANNON K	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAWLAK, SHANNON K		NAME		
STREET ADDRESS	5752 DELANO LN		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32821		CITY-ST-ZIP		
TITLE	ST MCCULLOUGH, JOHN D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCULLOUGH, JOHN D		NAME		
STREET ADDRESS	100 LAKE LORRAINE DR		STREET ADDRESS		
CITY-ST-ZIP	SWANSEA IL 62226		CITY-ST-ZIP		
TITLE	D WASIK, AARON	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASIK, AARON		NAME		
STREET ADDRESS	507 S PEARL		STREET ADDRESS		
CITY-ST-ZIP	JERSEYVILLE IL 62052		CITY-ST-ZIP		
TITLE	D GOODNER, STEVEN L	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODNER, STEVEN L		NAME		
STREET ADDRESS	3011 BETHEL RD		STREET ADDRESS		
CITY-ST-ZIP	ZION IL 60099		CITY-ST-ZIP		
TITLE	D RODRIGUEZ, JERMAINE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JERMAINE		NAME		
STREET ADDRESS	10260 MOUNT CROSBY DR		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX 78251		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Samuel P. Pawlak Jr.* **Samuel P. Pawlak Jr., President** 2/17/04 407-465-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #