


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90028 039 \*\*\*\*\*61.25

<b>DOCUMENT # N00000000433</b> 1. Entity Name <b>ST. BONIFACE GARDENS, INC.</b>																													
Principal Place of Business <b>8250 JOHNSON STREET HOLLYWOOD, FL 33024-6706</b>			Mailing Address <b>11440 N KENDALL DR E-209 MIAMI, FL 33176</b>																										
2. Principal Place of Business <b>11440 N Kendall Dr.</b>			3. Mailing Address <b>11440 N Kendall Dr.</b>																										
Suite, Apt. #, etc. <b>E-209</b>			Suite, Apt. #, etc. <b>E-209</b>																										
City & State <b>Miami, FL</b>			City & State <b>Miami, FL</b>																										
Zip <b>33176</b>		Country <b>USA</b>		4. FEI Number <b>65-0984174</b>																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>J. PATRICK-FITZGERALD, ESQUIRE 110 MERRICK WAY SUITE 3-B CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																									
<b>Make check payable to Florida Department of State</b>																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>REV. MSGR. JOHN J. VAUGHAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9401 BISCAYNE BOULEVARD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI SHORES, FL 33138</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Quinlivan, J. M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5730 SW 74 ST #300</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami, FL 33143</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> </div> </div>						TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	REV. MSGR. JOHN J. VAUGHAN		STREET ADDRESS	9401 BISCAYNE BOULEVARD		CITY-ST-ZIP	MIAMI SHORES, FL 33138		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Quinlivan, J. M		STREET ADDRESS	5730 SW 74 ST #300		CITY-ST-ZIP	Miami, FL 33143	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.																													
<b>SIGNATURE:</b> _____ <b>3/17/2004</b> <b>305 757-2824</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>																													