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

FILED Jun 07, 2004 08:00 AM DOCUMENT # N0100000808 1. Entity Name **Secretary of State** REV. GRIFFIN DAVIS, SR. MINISTRIES, INC. Principal Place of Business Mailing Address 1441 W. 30TH ST. RIVIERA BCH FL 33401 1441 W. 30TH ST. RIVIERA BCH FL 33401 2. Principal Place of Business 3. Maning Address Suite, Apt. #, etc. Suite, Apt #, etc MOORE CR2E037 (4/04) Applied For City & State City & State 4. FEI Number 02-0539526 Not Applicable Ζφ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Ø Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, GRIFFIN SR. Street Address (P.O. Box Number is Not Acceptable) 1441 W. 30TH ST RIVIERA BCH FL 33401 City Zio 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 Signature, typed or printed name of registered agent and title it applicable INCITE Registered Agent signature required when remistaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By September 8, 2004 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TITLE ☐ Change Addition TITLE ☐ Delete DAVIS, GRIFFIN SR. NAME NAME 1441 W. 30TH ST. STREET ADDRESS STREET ADDRESS RIVIERA BCH FL 33401 CITY-ST-ZIP CITY-ST-7P SD U00000162268 □ Change 06/07/04-80006-002 75.00 Addition. TITLE ☐ Delete TITLE DAVIS, HUGHETTA NAME NAME 1441 W. 30TH ST. STREET ADDRESS STREET ADDRESS RIVIERA BCH FL 33401 CITY-ST-ZIP CITY-ST-71P TD ☐ Change ■ Addit Defete TITLE TITLE DAVIS, SYDNEY R NAME NAEAT 1249 9TH ST. STREET ADDRESS STREET ADDRESS RIVIERA BCH FL 33401 CITY-SI-ZIP CITY-ST-ZIP ☐ Adams TITLE ☐ Defete TITLE ☐ Change MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE A Artic NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ / ···· TIRE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CHY-ST-ZIP CHTY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of director of the curporation 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 changed, or on an attachmen r like empowered. Rev. Griffin Darissr.

SIGNATURE