

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

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90362 015 ****61.25

DOCUMENT # N02000001400

1. Entity Name

**LIBERTY CITY-BROWNSVILLE BUSINESSES,
CHURCHES, HOMEOWNERS, SCHOOLS, & TENANTS**



Principal Place of Business

2962 NW 59TH ST.
MIAMI FL 33142-2251

Mailing Address

472424
P. O. BOX 316959
MIAMI FL 33161-33247

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1154010

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEPBURN-OKEHI, KATHLENE
2962 NW 59TH ST.
MIAMI FL 33142-2251

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 NAME Delete
P HEPBURN-OKEHI, KATHLENE
STREET ADDRESS 2962 NW 59TH ST.
CITY-ST-ZIP MIAMI FL 33142-2251

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
C MCRAE, REV. GEORGE
STREET ADDRESS 1701 NW 66 STREET
CITY-ST-ZIP MIAMI FL 33147

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
D NIXON, MS. BEVERLY
STREET ADDRESS 2958 NW 57 STREET
CITY-ST-ZIP MIAMI FL 33142-2251

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
D POITER, REV. BERNARD
STREET ADDRESS 2321 NW 62 STREET
CITY-ST-ZIP MIAMI FL 33147

TITLE NAME Change Addition
D DAVIS, REV. JAMES
STREET ADDRESS 1845 N. W. 65 STREET
CITY-ST-ZIP MIAMI, FL 33147

TITLE NAME Delete
D THOMAS, PATRICIA MRS.
STREET ADDRESS 1711 NW 171 TERRACE
CITY-ST-ZIP MIAMI FL 33156

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
D AYERS, GEORGIA MRS.
STREET ADDRESS 2475 NW 111 STREET
CITY-ST-ZIP MIAMI FL 33167

TITLE NAME Change Addition
STREET ADDRESS
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: *Kathlene Hepburn-Okehi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2004
Date

305/638-3587
Daytime Phone #