


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 15, 2004 8:00 am**  
**Secretary of State**

07-15-2004 90002 039 \*\*\*\*61.25

**DOCUMENT # N02000004554**

1. Entity Name  
**MATCH POINT MINISTRIES, INC.**



Principal Place of Business  
**2950 COUNTRY CLUB BOULEVARD  
 DEERFIELD BEACH, FL 33442**

Mailing Address  
**2950 COUNTRY CLUB BOULEVARD  
 DEERFIELD BEACH, FL 33442**

**54062362**



2. Principal Place of Business  
**2932 COUNTRY CLUB BLVD**

3. Mailing Address  
**2932 COUNTRY CLUB BLVD**

Suite, Apt. #, etc.

07122004 Chg-NP CR2E037 (10/03)

City & State  
**DEERFIELD BEACH FL**

City & State  
**DEERFIELD BEACH FL**

Zip  
**33442**

Country  
**US**

4. FEI Number  
**20-0000185**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, SCOTT C  
 2950 COUNTRY CLUB BLVD  
 DEERFIELD BEACH, FL 33442**

7. Name and Address of New Registered Agent

Name  
**MILLER JOHN P.**

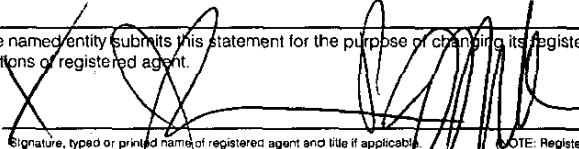
Street Address (P.O. Box Number is Not Acceptable)  
**2499 GLADES RD. SUITE 305A**

City  
**BOCA RATON**

State  
**FL**

Zip Code  
**33431**

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  **JOHN P. MILLER** **7/12/04**

NOTE: Registered Agent signature required when reinstating.

**Filing Fee is \$61.25  
 Due by September 8, 2004**

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

**Make check payable to  
 Florida Department of State**

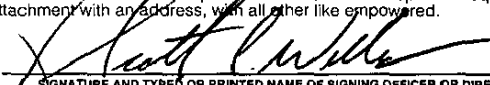
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, SCOTT	
STREET ADDRESS	2633 N W 36TH STREET	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITZWILLIAM, RYAN	
STREET ADDRESS	65 DEER CREEK ROAD, #H109	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRUBER, KENNETH	
STREET ADDRESS	760 S E 2ND AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEIDGERD, FREDERICK C	
STREET ADDRESS	600 HILLSBORO BLVD., SUITE 520	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, JOHN P	
STREET ADDRESS	2499 GLADES ROAD, SUITE 305A	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, SCOTT	
STREET ADDRESS	2932 COUNTRY CLUB BLVD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:  **7/12/04** **561-447-3615**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SCOTT WILLIAMS, DIRECTOR** Date Daytime Phone #