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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED

04 MAR 25 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N03000000750				
1. Entity Name MISSION EMBRACING ALL CULTURES, INC.				
Principal Place of Business 460 NW 40TH COURT OAKLAND PARK, FL 33309		Mailing Address 460 NW 40TH COURT OAKLAND PARK, FL 33309		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent BHAGOO, CHANDERDAI 460 NW 40TH COURT OAKLAND PARK, FL 33309		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when releasing)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BHAGOO, CHANDERDAI 460 NW 40TH COURT OAKLAND PARK, FL 33309	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	VPD TIWARI, JEAN 12410 SAWGRASS COURT WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	STD GANESH, BEEROJNIE 13816 PADDOCK DRIVE WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	TD RAMDHARI, LALL 17955 45TH COURT NORTH LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	John R. Woodward 1675 Polo Lake one # 311 Wellington Fl. 33914	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: <u>Chanderdai Bhagoo</u>		Date: <u>3-01-04</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>		<small>Date</small>		

Attachment

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Mission Embracing All Cultures Officers

President: Chanderdai Bhagoo
460 NW 40th Ct.,
Oakland, FL.33309

Vice President: Jean Tiwari
12410 Sawgrass Ct.,
Wellington, Fl. 33414

Sec/Treasurer: Seerojnie Ganesh
13818 Paddock Drive,
Wellington, Fl. 33414

Asst./Treasurer: Lall Ramdhari
17955 48th Ct.,
Loxahatchee, Fl. 33470

Asst./Secretary: John R. Woolward
1675 Polo Lake one E #311
Wellington, Fl.33414