


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

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90038 016 ****70.00

DOCUMENT # N25886			
1. Entity Name BAHAMAS MISSION OF FLORIDA, INC.			
Principal Place of Business 9401 BISCAYNE BLVD MIAMI SHORES FL 33138 US		Mailing Address 9401 BISCAYNE BLVD MIAMI SHORES FL 33138 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 65-0054842		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FITZGERALD, J. PATRICK 110 MERRICK WAY SUITE 2-C CORAL GABLES FL 33134		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 _____ (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	DSV	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARIN MSGR, TMOAS REV M			NAME	SOUCKAR MSGR, MICHAEL A.		
STREET ADDRESS	9401 BISCAYNE BLVD			STREET ADDRESS	9401 BISCAYNE BLVD		
CITY-ST-ZIP	MIAMI SHORES FL 33138			CITY-ST-ZIP	MIAMI SHORES, FL 33138		
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURKE, LAWRENCE A			NAME			
STREET ADDRESS	P.O. BOX N8187 N/A			STREET ADDRESS			
CITY-ST-ZIP	NASSAU BAHAMAS			CITY-ST-ZIP			
TITLE	DAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FITZGERALD, J. PATRICK			NAME			
STREET ADDRESS	110 MERRICK WAY, STE 2-C			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			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			
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			
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: *Michael A Souckar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #