

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90328 006 ****61.25

DOCUMENT # N25886

1. Entity Name
BAHAMAS MISSION OF FLORIDA, INC.



Principal Place of Business Mailing Address


**9401 BISCAYNE BLVD
MIAMI SHORES FL 33138
US** **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



CHECK HERE-IF MAKING-CHANGES

4. FEI Number **65-0054842** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FITZGERALD, J. PATRICK
110 MERRICK WAY
SUITE 2-C
CORAL GABLES FL 33134**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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	DSV	<input type="checkbox"/> Delete
NAME	MARIN MSGR, TMOAS REV M	
STREET ADDRESS	9401 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BURKE, LAWRENCE A	
STREET ADDRESS	P.O. BOX N8187 N/A	
CITY-ST-ZIP	NASSAU BAHAMAS	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	FITZGERALD, J. PATRICK	
STREET ADDRESS	110 MERRICK WAY, STE 2-C	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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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: *Lawrence A. Burke* **LAWRENCE A. BURKE / APRIL 23, 2002 / 242-322-8919**

CR2E037 (10/02)