

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

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000004263					
1. Entity Name THREE DIMENSIONS AFRICAN BAPTIST FELLOWSHIP, INC.					
Principal Place of Business 2506 FUNSTON STREET HOLLYWOOD FL 33020			Mailing Address 2506 FUNSTON STREET HOLLYWOOD FL 33020		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0611937	
Zip		Country		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		
WILLIAMS, MARTEL 3031 NW 172 TERRACE MIAMI FL 33056			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 reinstalling) DATE _____					
FILE NOW: 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	D OLOFIN, ABIODUN J <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2506 FUNSTON STREET			NAME	000000086885
STREET ADDRESS	HOLLYWOOD FL 33020			STREET ADDRESS	03/12/04-80040-022 61.25
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D OLOFIN, FUNLOLA <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2506 FUNSTON STREET			NAME	
STREET ADDRESS	HOLLYWOOD FL 33020			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	CF WILLIAMS, ADDIE M <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3031 NW 172 TERRACE			NAME	
STREET ADDRESS	MIAIM FL 33056			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	CD WILLIAMS, MARTEL <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3031 NW 172 TERRACE			NAME	
STREET ADDRESS	MIAMI FL 33056			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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____