## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000001874

Entity Name: MASIHI MEDIA MINISTRY CHURCH, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

705 BUSBEE AVE B 705 BUSBEE AVENUE, STE. B APOPKA, FL 32703 US APOPKA, FL 32703 US

Current Mailing Address: New Mailing Address:

PO BOX 607358

ORLANDO, FL 328607358 US

FEI Number: 59-3444259 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CALEB, BENEDICT
705 BUSBEE AVE
APOPKA, FL 32703 US

CALEB, BENEDICT
705 BUSBEE AVE STE B
APOPKA, FL 32703 US

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.

SIGNATURE: 04/29/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 CALEB, BENEDICT D REV.
 Name:
 CALEB, BENEDICT D REV.

 Address:
 705 BUSBEE AVE
 Address:
 705 BUSBEE AVE STE. B

 City-St-Zip:
 APOPKA, FL 32703
 City-St-Zip:
 APOPKA, FL 32703

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MCCAMBRIDGE, HAROLD
 Name:

 Address:
 7519 FOREST CITY RD
 Address:

 City-St-Zip:
 ORLANDO, FL 32810
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 PASTORE, MILDRED
 Name:

 Address:
 147 GOLF CLUB DRIVE
 Address:

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ANYANWA, ALFONS O
 Name:

 Address:
 6500 FOREST CITY RD
 Address:

 City-St-Zip:
 ORLANDO, FL 32810
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENEDICT D. CALEB PD 04/29/2004