


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90024 048 ****61.25

DOCUMENT # N98000005957

1. Entity Name
GREATER MIAMI MINISTERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
~~6300 NW 77 COURT~~ ~~6300 NW 77 COURT~~
~~MIAMI, FL 33166~~ ~~MIAMI, FL 33166~~

2. Principal Place of Business 3. Mailing Address
6280 W 21 CT **6280 W 21 CT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
HIALEAH, FL **HIALEAH, FL**

Zip Country Zip Country
33016 **USA** **33016** **USA**

6. Name and Address of Current Registered Agent
LAGO, PABLO
6280 W 21 CT
HIALEAH, FL 33016



02242004 Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-0442756 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting)

Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	PO LAGO, PABLO 6280 W 21 CT HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELAGUARDIA, ANTONIO 7330 NW 8 ST MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, JULIO 1851 SW 14 AVE MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOODBURRY, NICK 52165 NW 36 ST. MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALFARO, CARLOS 12415 SW 136 AVE #1 MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Date: **3-9-04** Day/Time Phone #: **305-822-9697**