


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

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90028 033 \*\*\*\*61.25

<b>DOCUMENT # N99000006619</b> 1. Entity Name <b>A MISSION FOR SOULS MINISTRY, INC.</b>	
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Principal Place of Business <b>10715 S.W. 190 ST., #15 MIAMI FL 33143</b>	Mailing Address <b>10715 S.W. 190 ST., #15 MIAMI FL 33143</b>
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MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0993365</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>EVERETT, BETTY J 5831 S.W. 58 TERR. MIAMI FL 33143</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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)  
 Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MORRIS, MARY		NAME				
STREET ADDRESS	11421 S.W. 203RD TERR.		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33189		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MORANT, LINDA		NAME				
STREET ADDRESS	15384 S.W. 282 ST.		STREET ADDRESS				
CITY-ST-ZIP	HOMESTEAD FL 33033		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	EVERETT, BETTY		NAME				
STREET ADDRESS	5831 S.W. 58TH TERR.		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33143		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MORRIS, MARY		NAME				
STREET ADDRESS	10715 S.W. 190 ST., #15		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33143		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BRUCE, BARBARA		NAME				
STREET ADDRESS	19761 S.W. 114 AVE., APT. 138		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CONLEY, TARA L		NAME				
STREET ADDRESS	173S.W. 106 AVE.		STREET ADDRESS				
CITY-ST-ZIP	PERRINE FL 33157		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: *Mary Morris* **3-16-04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #