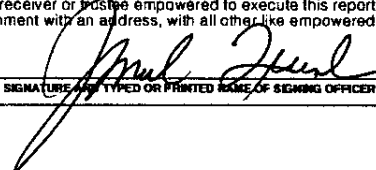


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90028 039 *****61.25

DOCUMENT # N00000000433 1. Entity Name ST. BONIFACE GARDENS, INC.																													
Principal Place of Business 8250 JOHNSON STREET HOLLYWOOD, FL 33024-6706			Mailing Address 11440 N KENDALL DR E-209 MIAMI, FL 33176																										
2. Principal Place of Business 11440 N Kendall Dr.			3. Mailing Address 11440 N Kendall Dr.																										
Suite, Apt. #, etc. E-209			Suite, Apt. #, etc. E-209																										
City & State Miami, FL			City & State Miami, FL																										
Zip 33176		Country USA		4. FEI Number 65-0984174																									
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent J. PATRICK-FITZGERALD, ESQUIRE 110 MERRICK WAY SUITE 3-B 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>REV. MSGR. JOHN J. VAUGHAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9401 BISCAYNE BOULEVARD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI SHORES, FL 33138</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>Quinlivan, J. M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5730 SW 74 ST #300</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami, FL 33143</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> </table>						TITLE	PD	☒ Delete	NAME	REV. MSGR. JOHN J. VAUGHAN		STREET ADDRESS	9401 BISCAYNE BOULEVARD		CITY-ST-ZIP	MIAMI SHORES, FL 33138		TITLE	PD	☒ Change ☐ Addition	NAME	Quinlivan, J. M		STREET ADDRESS	5730 SW 74 ST #300		CITY-ST-ZIP	Miami, FL 33143	☐ Change ☐ Addition
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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:  3/17/2004 305 757-2824 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone																													

94036112



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