2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704364

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MIAMI, FL 33056

GRAY-REEVES, MARY

MIRAMAR, FL 33027

14185 SW 182ND AVE

JONES, SCOTT

MIAMI, FL 33196

3590 SW 143RD AVENUE

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() Delete

Entity Name: SAINT MARGARET'S CHURCH, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 15650 MIAMI LAKEWAY, N 15650 MIAMI LAKEWAY, N MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 US **Current Mailing Address: New Mailing Address:** 15650 MIAMI LAKEWAY, N 15650 MIAMI LAKEWAY, N MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 US FEI Number: 59-1481365 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: FOSTER, TIMOTHY HABER, JULES 4984 SW 166TH AVE 13948 LAKE LURE COURT MIRAMAR, FL 33027 US MIAMI LAKES, FL 33014 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: JULES HABER 04/30/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DOTT, CATHY Name: Name: 6606 MIAMI LAKES DRIVE Address: Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: Title: () Delete Title: (X) Change () Addition MOBILIA, JOSEPHINE M Name: ELLIS, YVONNE Name: Address: 13900 ALAMANDA AVE Address: 3800 EAST LAKE ROAD City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIRAMAR, FL 33023 Title: () Delete Title: (X) Change () Addition OLA, MICHAEL FOSTER, TIMOTHY Name: Name: 12822 SW 53RD COURT 4984 SW 166TH AVENUE Address: Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: MIRAMAR, FL 33027 Title: () Delete Title: () Change () Addition Name: HARRIS, LORRAINE Name: Address: 1851 NW 170TH ST Address:

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.

City-St-Zip:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: TIMOTHY FOSTER D 04/30/2004

() Change () Addition

() Change () Addition

JUDY THOMPSON VARELA 14352 NW 83RD AVENUE MIAMI LAKES, FL 33016

BARBARA TAFT 8531 NW 139 TERRACE#1407 MIAMI, FL 33016

JUSTIN MATTHEWS, DIRECTOR 1400 SW 137 AVEN #F312 PEMBROKE PINES, FL 33027

WAYNE DOTT, DIRECTOR 6606 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014