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

## Mar 12, 2004 08:00 AM **DOCUMENT # 711904 Secretary of State** 1. Entity Name HAPPY GOSPEL SINGERS EVANGELISTIC CRUSADE. INC. Principal Place of Business Mailing Address 2015 51TH AVE E 2015 51TH AVE E BOX 144 ONECO FL 34264 **BOX 144 ONECO FL 34264** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FE! Number 59-6194207 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FANECA, MARGARET Street Address (P.O. Box Number is Not Acceptable) 2015 51ST AVENUE EAST **BOX 144** ONECO FL 34264 Zip Code City 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 (NOTE Registered Agent signature required when reinstating) Signature Typed or printed name of registered agent and title if applicable Make Check Payable to FILE NOW: FEE IS \$61.25 Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Fiorida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, OFFICERS AND DIRECTORS 11. TITLE ☐ Change Addilion ☐ Delete TITLE FANECA, MARGARET NAME NAME U000000086132 2015 51ST AVENUE EAST STREET ADDRESS STREET ADDRESS 03/12/04-80012-002 61.25 ONECO FL CiTY - ST-ZIP CITY - ST- ZIP Change Addition ☐ Delete TITLE TITLE BAILEY, WILLIAM NAME NAME 5105 17TH CT E STREET ADDRESS STREET ADDRESS BRADENTON FL CITY - ST-ZIP CITY-ST-ZIP TD ☐ Change ☐ Addition Delete TITLE TITLE FANECA, STANLEY NAME NAME 2015 51ST AVE E BOX 144 STREET ADDRESS STREET ADDRESS ONECO FL 34264-0144 CITY - ST- ZIP CITY-ST-ZIP Addition ☐ Delete TATLE TITLE CLINE, RICHARD T NAME NAME 2907 59TH CT E STREET ADDRESS STREET ADDRESS BRADENTON FL CITY-ST-ZIP CITY-SI-ZIP DS ☐ Channe ☐ Addition Delete TITLE $m\epsilon$ BAILEY, SALLY NAME NAME 5105 17TH CT E STREET ADDRESS STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE PRITCHARD, ADELE NAME 5124 17TH ST CT E STREET ADDRESS STREET ADDRESS BRADENTON FL CITY-SI-ZIP 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.

MARGARET FANECA

**FILED**