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

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90055 027 ****61.25

DOCUMENT # 732213

1. Entity Name

A BETTER DAY FOR PEOPLE IN CHRIST, INC.

Principal Place of Business	Mailing Address
4421 S.W. 55TH AVENUE DAVIE FL 33314	4421 S.W. 55TH AVENUE DAVIE FL 33314

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
4421 SW 55 AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE FL.	City & State
Zip: 33314 Country: BROWARD	Zip Country

4. FEI Number: 59-1655849 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, NATHANIEL
3521 NORTHWEST 7TH STREET
FT LAUDERDALE FL 33311

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

FILE NOW: 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	TDV WILLIAMS, ALICE Alice Williams 4421 S.W. 55 AVE. 4421 SW 63 AVE DAVIE FL 33314 DAVIE FL 33314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS SALTERS, REGINA REGINA SALTERS 617 NW 43 ST. 617 NW 43 St. OAKLAND PARK FL OAKLAND PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMS, JOHNNY Johnny Williams 4421 SW 55 AVE. 4421 SW 55 AVE DAVIE FL 33314 DAVIE FL 33314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TP WILLIAMS, NATHANIEL Nathaniel Williams 4421 S.W. 55 AVE. 4421 S.W. 55 AVE DAVIE FL 33314 DAVIE FL. 33314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Nathaniel Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #