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

## Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # 752096** 1. Entity Name 04-29-2004 90305 010 \*\*\*\*70.00 MICKEY E. RODRIGUEZ-CLARK, GLOBAL MINISTRIES, Principal Place of Business Mailing Address 3683 WYNFORD DR 3683 WYNFORD DR イエハサやしの丁 PALM HARBOR FL 34684 PALM HARBOR FL 34684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE Applied For City & State City & State 4. FEI Number 59-2066025 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name \_ \_ \_ \_ RODRIGUEZ-CLARK, TERYL J Street Address (P.O. Box Number is Not Acceptable) 3683 WYNFORD DR PALM HARBOR FL 34684 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 10. \*\*\*\* OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change GARCES, DAVID NAME NAME 4730 EDGERTON AVENUE W STREET ADDRESS STREET ADDRESS GREENFIELD WI CITY-ST-ZIP CITY-ST-ZIP VDSM Change ■ Addition TITLE ☐ Delete TITLE THRASHER, JEAN A NAME NAME 1239 E CENTRAL STREET ADDRESS STREET ADDRESS SUTHERLIN OR 97479 CITY-ST-ZIP CITY-ST-ZIP CPDT Change Addition ☐ Delete TITLE TITLE RODRIQUEZ-CLARK, TERYL'J. NĂMF NAME 14998 54TH WAY NORTH STREET ADDRESS STREET ADDRESS CLEARWATER FL CITY-ST-ZIP CITY-ST-ZIP VDT ☐ Change ☐ Addition TITLE ☐ Delete TITLE RODRIGUEZ, T J NAME 14998 54TH WAY N STREET ADDRESS STREET ADDRESS CLEARWATER FL 33760 CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

FILED