


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # 759091 1. Entity Name EVANGELICAL MINISTRIES OF SOUTH FLORIDA, INC.	
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Principal Place of Business 17710 S.W. 61ST COURT P.O. BOX 3359, MIAMI, FL 33169 SOUTHWEST RANCES, FL 33331	Mailing Address 17710 S.W. 61ST COURT P.O. BOX 3359, MIAMI, FL 33169 SOUTHWEST RANCES, FL 33331
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05102004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2126695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRAY, SANFORD
 17710 S.W. 61ST COURT
 SOUTHWEST RANCHES, FL 33331

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000160511
 05/17/04-80001-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRAY, SANFORD 17710 SW 61ST CT SOUTHWEST RANCHES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAWYERS, LLOYD 1101 SOUTH 62ND AVE. HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRAY, SANFORD 17710 SW 71ST CT. SOUTHWEST RANCHES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Sanford Fray SANFORD FRAY 5/10/04 954-680-7405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #