2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # 761196 ČE MINISTRIES INC.					Secre 1 04-12-200	•		
7020 PINES	e of Business BLVD PINES, FL 33024 US	Mailing Address 329 NW 153 TERRACE PEMBROKE PINES, FL		US				V 3 (របបអ្នក្
	•	•							IN I
2. Principal P	Place of Business	3. Mailing Address	153	1000					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	.,		04082004	Chg-NP	CR2E03	37 (10/03)	
City & Stat	е	Pem Broke	Pine	5	4. FEI Number 59-2358	713			oplied For ot Applicable
Zip	Country	33028	Cou	untry	5. Certificate o	f Status Desired	J E	\$8.75 Add	ditional
	6. Name and Address of Current	<u> </u>	¥		7. Name and /	Address of New	Registered		
LAPOINTE	E, THOMAS		,	Name					
329 NW 1	53 TERRACE KE PINES, FL 33028	•	٠.	Street Addres	ss (P.O. Box Number	is Not Acceptat	ole)		ı."
-									
	· · · · ·			City			FL	Zip Cod	e
SIGNATURE	tions of registered agent. Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	i Agent signature requ	quired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	9. Election Ca Trust Fund	ampaign f Contribut	Financing tion.	\$5.00 May Be Added to Fees	Flo	Make checi orlda Depar	tment of S	tate
SIGNATURE 10. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DII PD LAPOINTE, THOMAS 329 NW 153 LANE	9. Election Ca Trust Fund	ampaign F Contribut 11. TITL NAM STR	Financing tion.	\$5.00 May Be	Flo	Make checi orlda Depar	tment of S	tate
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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 statutes are considered.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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4/8/2004

954-987364 Daytime Phone #