






2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90050 046 ****61.25

DOCUMENT # F04000003403 1. Entity Name I AM MINISTRIES OF MIAMI-DADE/BROWARD, INC.															
Principal Place of Business 3765 OAK RIDGE LANE WESTON, FL-33331			Mailing Address 3765 OAK RIDGE LANE WESTON, FL-33331												
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: center;">  </div> <div style="margin-top: 10px;"> 03232005 Chg-NP CR2E037 (10/03) </div> <div style="margin-top: 10px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"> 4. FEI Number 90-0100242 </td> <td style="width: 20%; padding: 2px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table> </td> </tr> </table> </div> <div style="margin-top: 10px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> </td> <td style="width: 20%; padding: 2px;"> \$8.75 Additional Fee Required </td> </tr> </table> </div>		4. FEI Number 90-0100242	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required				
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required														
6. Name and Address of Current Registered Agent DAWSON, BRENDA P 3765 OAK RIDGE LANE WESTON, FL 33331				7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">Name</td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">FL</td> </tr> </table> </td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td></td> </tr> </table>		Name		Street Address (P.O. Box Number is Not Acceptable)		City	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">FL</td> </tr> </table>		FL	Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>															
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
NAME	DAWSON, BRENDA P		NAME												
STREET ADDRESS	3765 OAK RIDGE LANE		STREET ADDRESS												
CITY- ST- ZIP	WESTON, FL 33331		CITY- ST- ZIP												
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
NAME	WILLIAMS, COREY		NAME												
STREET ADDRESS	1851 NW 186TH STREET		STREET ADDRESS												
CITY- ST- ZIP	MIAMI, FL 33056		CITY- ST- ZIP												
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
NAME	BRANTLEY, MAE		NAME												
STREET ADDRESS	18701 NW 22ND AVE.		STREET ADDRESS												
CITY- ST- ZIP	MIAMI, FL 33056		CITY- ST- ZIP												
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
NAME	INNIS, WILLIE MAE		NAME												
STREET ADDRESS	17220 NW 64TH AVE.		STREET ADDRESS												
CITY- ST- ZIP	MIAMI LAKES, FL 33015		CITY- ST- ZIP												
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
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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.															
<table style="width:100%;"> <tr> <td style="width: 15%;">SIGNATURE:</td> <td style="width: 40%; text-align: center;">  </td> <td style="width: 15%; text-align: center;"> 3/23/05 <small>Date</small> </td> <td style="width: 30%; text-align: center;"> 305-758-3673 <small>Daytime Phone #</small> </td> </tr> </table>						SIGNATURE:		3/23/05 <small>Date</small>	305-758-3673 <small>Daytime Phone #</small>						
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