## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000000292

Entity Name: ST. CLAIRE MISSION, INC.

GOMEZ, GERARD F

MIAMI, FL 331163636

P.O. BOX 163636

Name:

Address:

City-St-Zip:

FILED Aug 18, 2004 Secretary of State

Littly Nai	ile. St. CLAIR	RE MISSION, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
10476 SW MIAMI, FL					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	DIXIE HWY. ST, FL 33156	US			
FEI Number:	65-0983376	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
7950 SW 1	S, DESIREE M 131ST ST. ST, FL 33156				
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR					
	Electroni	c Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () JENNINGS, DES 7950 SW 131ST PINECREST, FL	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () REDDEN, THOM 18520 SW 200 S MIAMI, FL 3318	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () YEISER, CHUCK 7001 SW 61ST, S. MIAMI, FL 33	AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S ()	Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DESIREE M. JENNINGS P 08/18/2004