


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90337 038 ****70.50

DOCUMENT # N00000000572	
1. Entity Name KHAW-ROOTS MINISTRIES INC.	

Principal Place of Business 6024 WASHINGTON ST. HOLLYWOOD, FL 33023	Mailing Address 6024 WASHINGTON ST. HOLLYWOOD, FL 33023
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DO NOT WRITE IN THIS SPACE



04182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0978487	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FRANCIS, RUDOLPH
112 SW 22 AVE
FT LAUDERDALE, FL 33312

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANCIS, RUDOLPH 112 SW 22 AVE FT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANCIS, YVONNETTE 112 SW 22 AVE FT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PLUMMER, ESTHER 3531 INVERRARY DRIVE LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALCOM, SHERENA 112 SW 22 AVE FT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: Yvonne L. Francis Yvonne L. Francis 4-19-05 754-422-9024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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