

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # N00000001730

1. Entity Name
MAGGARD MIGRANT MINISTRIES, INC.



Principal Place of Business
**%PLYMOUTH CONGREGATIONAL CHURCH
3400 DEVON ROAD
COCONUT GROVE, FL 33133**

Mailing Address
**%PLYMOUTH CONGREGATIONAL CHURCH
3400 DEVON ROAD
COCONUT GROVE, FL 33133**



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1041085

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JONES, JESSE C
7605 SW 125 ST
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NIBLOCK, THOMAS
3400 DEVON ROAD
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MAGGARD, ARVIN
8923 SW 67TH AVENUE
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MAGGARD, HELEN
8923 SW 67TH AVENUE
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JONES, JESSE
7605 SW 125TH STREET
MIAMI, FL 33158**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WILSON, ROBERT
13725 SW 75TH AVENUE
MIAMI, FL 33158**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PHILLIPS, JAMES
8225 SW 47TH TERRACE
MIAMI, FL 33155**

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01/12/05-80021-007 61.25

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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Arvin H. Maggard **ARVIN H. MAGGARD** 1-8-05 305-667-0240