

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90280 005 \*\*\*\*61.25

**DOCUMENT # N00000001915**

1. Entity Name  
**ALL THAT GOD IS INTERNATIONAL MINISTRIES INC.**



Principal Place of Business  
**9830 S.W. 222 STREET  
 MIAMI, FL 33190**

Mailing Address  
**9830 S.W. 222 STREET  
 MIAMI, FL 33190**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04062004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-1007301**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ISAAC, DENISE DR.  
 9830 S.W. 222 STREET  
 MIAMI, FL 33190**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ISAAC, DENISE DR	
STREET ADDRESS	9830 S.W. 222 STREET	
CITY-ST-ZIP	MIAMI, FL 33190	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALKER, ROSALIND	
STREET ADDRESS	14545 SW 297TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33033	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANCHEZ, VERONICA	
STREET ADDRESS	19803 N.W. 34TH AVE	
CITY-ST-ZIP	MIAMI, FL 33056	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DANZY, CLOVETTE	
STREET ADDRESS	11040 SW 176 STREET	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Clovette Danzy CLOVETTE DANZY (secretary) 4/23/04 (305) 971-4984  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #