

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 AUG 12 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08052004 Chg-NP CR2E037 (10/03)

DOCUMENT # N00000003232 1. Entity Name HIS GREAT COMMISSION, INC.			
Principal Place of Business 1201 S FLAGLER DR 21 F WEST PALM BEACH, FL 33401 US		Mailing Address 1201 S FLAGLER DR 21 F WEST PALM BEACH, FL 33401 US	
2. Principal Place of Business 1201 S. Flagler Dr		3. Mailing Address 1201 S. Flagler Dr	
Suite, Apt. #, etc. 21 F		Suite, Apt. #, etc. 21 F	
City & State West Palm Bch. FL		City & State West Palm Bch. FL	
Zip 33401		Country US	
4. FEI Number 65-1013189		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UCC FILING & SEARCH SERVICES, INC. 526 E. PARK AVE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reconstituting) DATE</small>			
Filing Fee is \$61.25 Due by September 8, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	DO <input type="checkbox"/> Delete KRANTZ, BARBARA 18214 RIVER OAKS DRIVE JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="border: 1px solid black; padding: 5px; text-align: center;"> 700040251137 08/17/04--01059--002 **\$61.25 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO <input type="checkbox"/> Delete HERRERA, LILLIANA 525 KIRK ROAD, APT 106A WEST PALM BEACH, FL 33406	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DELGADO, MONICA 6266 TERRA ROSA CIRCLE BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC <input type="checkbox"/> Delete SUSAN CONSTANTINE 4597 Vespa SIAN Ct. Lake Worth, FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 8/10/04 Daytime Phone # _____	