

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90722 045 \*\*\*\*61.25

<b>DOCUMENT # N00000004846</b>							
<b>1. Entity Name</b> DAUGHTERS OF THE KING OF JUDAH MINISTRIES OUTREACH, INC.							
<b>Principal Place of Business</b> 257 SW 2ND ST. DEERFIELD BEACH, FL 33441			<b>Mailing Address</b> 257 SW 2ND ST. DEERFIELD BEACH, FL 33441				
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		04152004    Chg-NP    CR2E037 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 65-1030717			
City & State		City & State		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  MCCOY, PRISCELLA 257 SW 2ND ST. DEERFIELD BEACH, FL 33441				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
<b>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.</b>							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> P	<b>NAME</b> MCCOY, PRISCELLA <input type="checkbox"/> Delete			<b>TITLE</b> ST	<b>NAME</b> Kameela Guley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 257 SW 2ND ST.	<b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33441			<b>STREET ADDRESS</b> 257 S.W. 2nd St.	<b>CITY-ST-ZIP</b> Deerfield Bch. FL 33441		
<b>TITLE</b> ST	<b>NAME</b> SMITH, SUSAN G <input checked="" type="checkbox"/> Delete			<b>TITLE</b> 	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 1629 RIVERVIEW RD #218	<b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33441			<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> MCCOY, BOBBY <input type="checkbox"/> Delete			<b>TITLE</b> 	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 257 SW 2ND ST	<b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33441			<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> DANIEL, JEREMY <input type="checkbox"/> Delete			<b>TITLE</b> 	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 231 SW 3RD ST	<b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33441			<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> SINITA, KURMITRESS <input type="checkbox"/> Delete			<b>TITLE</b> D	<b>NAME</b> Smith, Kurmitress <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 1901 NW 2ND TERR	<b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33060			<b>STREET ADDRESS</b> 1901 N.W. 2nd Terr	<b>CITY-ST-ZIP</b> Pompano Bch, FL 33060		
<b>TITLE</b> D	<b>NAME</b> DANIELS, RHODA <input type="checkbox"/> Delete			<b>TITLE</b> 	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 257 SW 2ND ST.	<b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33441			<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>							
<b>SIGNATURE:</b> <u>Priscella McCoy</u>				4-15-04 (954) 420-3106			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			