## · 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Jan 14, 2004 8:00 am Secretary of State **DOCUMENT # N00000006156** 01-14-2004 90005 024 \*\*\*\*61.25 PARTNERSHIP MISSIONS, INC. Principal Place of Business Mailing Address 12401 STIRLING RD. 12401 STIRLING RD. FT.LAUDERDALE, FL 33330 FT. LAUDERDALE, FL 33330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 CR2E037 (10/03) City & State City & State 4. FEI Number 65-1041169 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAIDRANA BARRETT, DANIEL Street Address (P.O. Box Number is Not Acceptable) 12401 ŞTIRLING RD. STICLING FORT LAUDERDALE, FL 33330 Zip Code 3333 0 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 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete MAIORANA, Frank TITLE TITLE BARRETT, DANIEL 12401 Stirling Rund NAME NAME STREET ADDRESS 12401 STIRLING RD. STREET ADDRESS FORT Landerdale FL 33330 CITY-ST-ZIP FT. LAUDERDALE, FL 33330 CITY-ST-ZIP Raul Palacios TITLE Delete TITLE MAIURAN, FRANK NAME NAME 12401 Stirling Road 1831 NW 104 AVF STREET ADDRESS STREET ADDRESS PEMBROKE PINES, FL. 33026 4 CITY-ST-ZIP CITY\_ST\_ZIP ☐ Addition TITLE ☐ Delete TITLE WETHERLL, IKE NAME STREET ADDRESS 2328 NW 187 AVE. STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33029 CITY-ST-ZIF TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change -☐ Addition TITLE □ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change - Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

**FILED**