


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

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000007725</b> 1. Entity Name <b>MARCIA DAVIS MINISTRIES, INC</b>	
---	---

Principal Place of Business <b>3451 BERKELEY BLVD. FORT LAUDERDALE, FL 33312</b>	Mailing Address <b>PO BOX 8886 LAUDERHILL, FL 33310</b>
---	--



03282005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1076621</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
**DAVIS, MARCIA  
5961 NW 15TH ST  
SUNRISE, FL 33313**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, MARCIA 5961 NW 15TH ST SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, RALSTON 5961 NW 15TH ST SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, MARJORIE 4200 NW 42ND AVE LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEIL, EVELYN 9841 SUNRISE LAKES BLVD, BLDG 149 SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN-MANNINGS, VERA 441 SW 22ND TERR FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000290663  
04/06/05-80077-007 70.00

**DO NOT WRITE  
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:** Marcia L Davis 4/6/05 9544974776  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #