2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 7

SIGNATURE AND TYPED OR PRINTED NAME OF SIX

Secretary of State DOCUMENT # N00000007979. 04-30-2004 90300 040 ****61.25 1. Entity Name RANDALL CHAPEL FREEWILL BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 1085 N.W. 62ND STREET P.O. BOX 693298 66425997 MIAMI FL 33127 MIAMI FL 33269 Mailing Address omi uite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 65-1053809 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent RANDALL PATRICIA *** ~ Street Address (P.O. Box Number is Not Acceptable) 611 NORTHWEST 183RD TERRACE **MIAMI FL 33169** City 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. * Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. RAIS TITLE ☐ Delete TITLE RANDALL, PATRICIA NAME NAME 611 NORTHWEST 183RD TERRACE STREET ADORESS STREET ADDRESS MIAMI FL 33169 City-St-719 CITY-ST-ZIP TITLE (Change Delete TITLE Addition TUTreasure DUFFIE, EMMA NAME NAME me white 790 N.W. 153RD STREET STREET ADDRESS STREET ADORESS MIAMI FL 33169 89N.W. 267 St Road meami 3305 CITY-ST-21P CITY-ST-ZIP TITLE ➤ ☐ Addition ☐ Delete TITLE MCCRAY, MARY NAME NAME Trook STREET ADORESS 1043 N.W. 61ST STREET N. W. 5-15- Our STREET ADDRESS **MIAMI FL 33127** CITY-ST-78P CITY-ST-ZIP 77 33 149 MIAMI ADELAIDE Addition ☐ Delete IME Change NAME HALE 8/8 N.W. 77 5 Sheet STREET ADDRESS STREET ADDRESS 9/33 150 CITY-ST-21P CITY-ST-ZIP MILE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete MLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY- ST- 77P 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 attactyrient with an address, with all other like empowered.

FICER OR DIRECTOR

4 50-84 4 3

FILED

Jun 02, 2004 8:00 am

attachment