


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

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90003 039 ****61.25

DOCUMENT # N00000008015

1. Entity Name
ST. MARY'S GRAND CHRISTIAN ENCAMPMENT, INC.



Principal Place of Business Mailing Address
**284 NE 80TH TERRACE
MIAMI FL 33138** **284 NE 80TH TERRACE
MIAMI FL 33138**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**MILLER, IRIS
1930 NW 191 STREET
MIAMI FL 33056**

4. FEI Number Applied For
65-1067170 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MILLER, IRIS | |
| STREET ADDRESS | 1930 NW 191 ST | |
| CITY-ST-ZIP | MIAMI FL 33056 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RITCH, GLORIA | |
| STREET ADDRESS | 2202 N 28TH AVE | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | THOMAS, MAXINE | |
| STREET ADDRESS | 11140 NW 22ND COURT | |
| CITY-ST-ZIP | MIAMI FL 33167 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LE MIGNOT, NORMA | |
| STREET ADDRESS | 3920 NE 16TH AVE | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33334 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DALEY, CATHERINE | |
| STREET ADDRESS | 2215 MAYO STREET | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CRICHTON, NOLA | |
| STREET ADDRESS | 3631 SW 47 AVENUE | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOHNSON, PHYLLIS | |
| STREET ADDRESS | 630 NW 183 TERR. | |
| CITY-ST-ZIP | MIAMI, FL 33169 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FORD, FERNE | |
| STREET ADDRESS | 2750 NW 44 STREET, APT. 113 | |
| CITY-ST-ZIP | OAKLAND PARK, FL 33309 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 information.

SIGNATURE:  **IRIS MILLER** **4-4-04 305-625-7606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #