


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90015 004 ****61.25

DOCUMENT # N00000008015

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



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

Mailing Address
**284 NE 80TH TERRACE
 MIAMI, FL 33138**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
1930 NW 191 STREET
 Suite, Apt. #, etc.

03102005 Chg-NP CR2E037 (10/03)

City & State
MIAMI, FLORIDA

4. FEI Number
65-1067170

Applied For
 Not Applicable

Zip Country
33056 USA

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

6. Name and Address of Current Registered Agent
**MILLER, IRIS
 1930 NW 191 STREET
 MIAMI, FL 33056**

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)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWELL, VELDA	
STREET ADDRESS	8245 NW 34 Ave.	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, LEANORA	
STREET ADDRESS	1411NW 63 AVE	
CITY-ST-ZIP	SUNRISE, FL33313	
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)(d), 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: *IRIS MILLER* **IRIS MILLER** **3-14-05 (305)625-7606**

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