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

FILED May 03, 2004 8:00 am

ANTOAL ILLI OTT (ALI)				Secretary of State			
DOCUMENT # N0000008118 1. Entity Name					3-2004 90692 042		
AMAZINO INCORPO	GRACE OUTREACH MIN PRATED	ISTRIES		9			
Principal Place of Business		Mailing Address					
8352 WEST OAKLAND PK BLVD		5660 BLUE BERRY CT LAUDERHILL FL 33313				-	
SUNRISE FL		EAGDENFILL PE 33313					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E037 (11/03)			
City & State		City & State		4. FEI Number	5-1068332		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	t Registered Agent	Name	7. Name and Add	ress of New Registered	Agent	
FERRON, DELROY							
566	O BLUE BERRY CT		Street Address	(P.O. Box Number is I	Not Acceptable)		_
LAU I	IDERHILL FL 33313						
19			City		Fl	Zip Code	9
	named entity submits this statement fi	or the purpose of changing its reg	gistered office or regist	ered agent, or both, in	the State of Florida. I am	familiar with,	and accept
SIGN/TURE	- Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Re	gistered Agent signature requir	ed when reinstating)	DATE		
Control of the Contro		9. Election Campa				a Marie de La	
	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	Frust Fund Con		\$5.00 May Be Added to Fees	Make Chec Florida Depa		
10.	OFFICERS AND D	IBECTORS	11.		EO TO OFFICE DO AND D		
TITLE \$1.4	D			ADDITIONS/CHANG	ESTUTO PELLERS AND 13	IRECTORS IN	10
NAME		☐ Delete	TITLE	ADDITIONS/CHANG	ES TO OFFICERS AND C	IRECTORS IN Change	10 Addition
STREET ADDRESS	FERRON, CYNTHIA	☐ Delete	TITLE NAME	ADDITIONS/CHANG	ES TO OFFICERS AND D		
CITY-ST-ZIP	5660 BLUE BERRY QT LAUDERHILL FL 33313	☐ Delate	TITLE	ADDITIONS/CHANG	ES TO OFFICERS AND D		
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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.

SIGNATURE: SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #