2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004
Secretary of State

DOCUMENT# N01000000051

Entity Name: MIRAMAR PRAISE AND WORSHIP CENTER, INC.

Current Principal Place of Business:

2700 RHONE WAY
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

2700 RHONE WAY
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 65-1075248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREYRE, ARTHUR M
328 MINORCA AVE 2ND FL
CORAL GABLES, FL 331344304 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GIBSON, DARRELL L
Address: 2700 RHONE WAY
City-St-Zip: MIRAMAR, FL 33025

Title: SD ( ) Delete
Name: GIBSON, STEPHANIE
Address: 2700 RHONE WAY
City-St-Zip: MIRAMAR, FL 33025

Title: CFAD ( ) Delete
Name: HAMPTON, TIMOTHY
Address: 2700 RHONE WAY
City-St-Zip: MIRAMAR, FL 33025

Title: COLT ( ) Delete
Name: HODGES, DAVID L
Address: 2700 RHONE WAY
City-St-Zip: MIRAMAR, FL 33025

Title: DV ( ) Delete
Name: COLLINS, FRED
Address: 20635 NW 20 AVE
City-St-Zip: MIAMI, FL 33056

Title: CFOT ( ) Delete
Name: GEDDES, LLOYD G SR
Address: 18805 NW 39 PLACE
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRELL L GIBSON PD 01/15/2004
Electronic Signature of Signing Officer or Director — Date