


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

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90128 001 ****61.25

DOCUMENT # N01000000651	
1. Entity Name SHALOM CENTER MINISTRY, INC.	

Principal Place of Business 521 WEST ASHLEY STREET JACKSONVILLE FL 32202	Mailing Address 8072 HONEYSUCKLE LANE JACKSONVILLE FL 32244
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2. Principal Place of Business 4017 St. Augustine Rd. Suite, Apt. #, etc. JACKSONVILLE, FL City & State 32207 Zip Country DUVAL	3. Mailing Address 8072 Honeysuckle Ln Suite, Apt. #, etc. JAX FL 32244 City & State FL 322 Zip Country DUVAL
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MOORE CR2E037 (11/03)

4. FEI Number 59-3702651	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MERVIL, JACQUES REV. 8072 HONEYSUCKLE LANE JACKSONVILLE FL 32244
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD NAME MERVIL, JACQUES STREET ADDRESS 8072 HONEYSUCKLE LANE CITY-ST-ZIP JACKSONVILLE FL 32244	<input type="checkbox"/> Delete
TITLE SD NAME DICKERSON, FLEURY STREET ADDRESS 2226 GARHERD ROAD CITY-ST-ZIP JACKSONVILLE FL 32216	<input type="checkbox"/> Delete
TITLE TD NAME MERVIL, EVELYN STREET ADDRESS 635 LEE ROAD CITY-ST-ZIP JACKSONVILLE FL 32226	<input type="checkbox"/> Delete
TITLE V NAME AUGUSTINE, MICHAEL STREET ADDRESS 1900 SAST STREET CITY-ST-ZIP JACKSONVILLE FL 32226	<input checked="" type="checkbox"/> Delete
TITLE D NAME JEAN, VICTOR STREET ADDRESS 7823 ELVIA DRIVE CITY-ST-ZIP JACKSONVILLE FL 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME JACQUES MERVIL STREET ADDRESS 8072 Honeysuckle Ln PD CITY-ST-ZIP JAX FL 32244	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME Dickens Fleury STREET ADDRESS 2226 Gartherd Rd SD CITY-ST-ZIP JAX FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME Elovis Michel STREET ADDRESS 321 Cheves Ave TD CITY-ST-ZIP JAX FL 32211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME Andre Charles STREET ADDRESS 143 South Red Blv. SD CITY-ST-ZIP JAX, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME Julien A Rest STREET ADDRESS Old St. Augustine Rd. CITY-ST-ZIP JAX FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME Gabriel Eugene STREET ADDRESS West ConHe CITY-ST-ZIP JAX FL 32244	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 or other like empowered.

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