

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000002869

1. Entity Name
MICHAEL SLOAN MINISTRIES INTERNATIONAL, INC.



Principal Place of Business
**37218 BAILEY HILL RD.
DADE CITY, FL 33525**

Mailing Address
**37218 BAILEY HILL RD.
DADE CITY, FL 33525**



07052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3728835

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SLOAN, MICHAEL
35636 HIGHWAY 54 WEST
ZEPHYRHILLS, FL 33541**

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000164590
07/08/04-80014-025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLOAN, MICHAEL E 37218 BAILEY HILL RD. DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLOAN, TENA L 37218 BAILEY HILL RD. DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAUGHN, TARA E 36105 ZINNIA AVE. ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04 813-782-2888

Date

Daytime Phone #