2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 🔽

Sep 13, 2004 8:00 am DOCUMENT # N01000003169 **Secretary of State** HE TOUCHED ME MINISTRIES INC. 09-13-2004 90009 008 ****70.00 Principal Place of Business Mailing Address POST OFFICE BOX 5406 1378 WEST 69TH STREET MIAMI, FL 33014 MIAMI LAKES, FL 33014-1406 **64000**0000 3. Mailing Address 2. Principal Place of Business 284 West Suite, Apt. #, etc. Suite, Apt. #, etc. 05052004 Chg-NP CR2E037 (10/03) 4. FEI Number 04-3632766 Applied For City & State City & State ,alea Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERRER, NOEMI Street Address (P.O. Bow Number is Not Acceptable) 1378 WEST 69TH STREET MIAMI, FL 33014 West 31 Street 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. DATE Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Florida Department of State Due by September 8, 2004 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CEOD Presiden Change ☐ Addition Defete TITLE TITLE MONTEAGUDO, MANUEL NAME NAME 1284 West 31 Street STREET ADDRESS 1378 WEST 69TH STREET STREET ADDRESS MIAMI, FL 33014 CITY-ST-ZIP - 33015 CITY-ST-ZIP ialean, Fi lice President Change Defete TITLE ☐ Addition Ferrer, Noem FERRER, NOEMI NAME NAME 1284 West 31 Street 1378 WEST 69TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI, FL 33014 CITY-ST-7IP ialeah. FL 33012 Addition Delete TITLE Change T/IR F LOPEZ, LAZARO NAME NAME STREET ADDRESS 1374 WEST, 69TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33014 CITY-ST-ZIP Deiete TITLE Change ☐ Addition TITLE REYES, ELSY NAME NAME 1374 W 69 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33014 CITY-ST-ZIP Change TITLE TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 attactment with an address, with all other like empowered.

305-825-8487

FILED