2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004
Secretary of State

DOCUMENT# N01000003374

Entity Name: MAUDY BROWN FAITH OUTREACH MINISTRY, INC.

Current Principal Place of Business:

1445 NW 6 AVE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

PO BOX 266
FORT LAUDERDALE, FL 33302

New Mailing Address:

FEI Number: 65-1102005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, MAUDY
1445 NW 6TH AVE
FT LAUDERDALE, FL 33311 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:	BROWN, MAUDY	
Address:	1445 NW 6TH AVE	
City-St-Zip:	FT LAUDERDALE, FL 33311	
Title:	SD	( ) Delete
Name:	HADDNE, ANDREA	
Address:	843 NW 81ST AVE	
City-St-Zip:	PLANTATION, FL 33324	
Title:	ASD	( ) Delete
Name:	WALDEN, STEPHANY	
Address:	2316 FERAGUT ST	
City-St-Zip:	FORT LAUDERDALE, FL 33027	
Title:	TD	( ) Delete
Name:	INGRAM, ANNIE	
Address:	203 NW 40 AVE	
City-St-Zip:	LAUDERDALE LAKES, FL 33319	

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:	

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: MAUDY BROWN PD 09/09/2004

Electronic Signature of Signing Officer or Director — Date