


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000003676
 1. Entity Name
N & D SMITH MINISTRIES, INC.



Principal Place of Business Mailing Address
10830 NW 35TH PLACE **10830 NW 35TH PLACE**
SUNRISE, FL 33351 **SUNRISE, FL 33351**

DO NOT WRITE IN THIS SPACE



04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-1104764 Not Applicable

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

6. Name and Address of Current Registered Agent
SMITH, NIGEL
10830 NW 35TH PLACE
SUNRISE, FL 33351

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000151701
 05/04/04-80055-023 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, NIGEL D 10830 NW 35TH PLACE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, DORNA J 10830 NW 35TH PLACE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCKOY, TEDISHAN 2607 N.W. 33RD STREET #2107 FT LAUDERDALE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 all other like empowered.

SIGNATURE: *Nigel Smith* **NIGEL SMITH Director** 4/30/04 954-629-9698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #