

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000003676

1. Entity Name
N & D SMITH MINISTRIES, INC.



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

Mailing Address
**10830 NW 35TH PLACE
SUNRISE, FL 33351**



04182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1104764

Applied For
☐ 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**

**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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

U000000359476
05/04/05-80156-008 140.00

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NIGEL SMITH 4/29/05 Director 954-742-3386

Date

Daytime Phone #