## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

3. Mailing Address

Suite, Apt. #, etc.

## DOCUMENT # N01000004765

1. Entity Name

Principal Place of Business 7605 SW 102ND PL. MIAMI FL 33173

2. Principal Place of Business

Suite, Apt. #, etc.

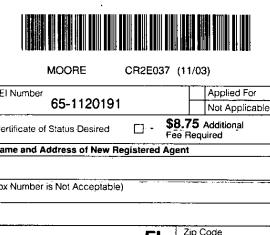
## ANTI-DEPRESSION CHRISTIAN FOUNDATION

DATION, INC.	
Mailing Address	
PO BOX 832765 MIAMI FL 33283	

## **FILED** May 26, 2004 8:00 am Secretary of State

05-26-2004 90002 040 \*\*\*\*61.25

54055611



				MOONE Ch2E037 (11/03)				
City & State		City & State	ity & State		4. FEI Number 65-1120191		plied For ot Applicable	
Zip	Country	Zip ~	Country	5. Certificate of Stat	tus Desired	8.75 Add	litional	
	6. Name and Address of Current F	Registered Agent		7 Name and Addre	ess of New Registered A			
		. rg.o.o.o.o.o. rigo	Name	* Hame and Addre	33 Of New Neglatered A	yerii.		
	ANCO INCOID						1	
-POLANCO, INGRID		Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
WIIA	1411 1 2 33 17 3	•						
			City			Zip Code	e	
					FL			
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or regis	stered agent, or both, in th	e State of Florida. I am fa	miliar with,	and accept	
SIGNATURE  Signature, typed or printed name of registered agent and litle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
8 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	FILE NOW: FEE IS \$61.25	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be	Make Check			
School Street	Due By May 1, 2004	Hust Fund C	contribution.	Added to Fees	Florida Departi	ment of S	itate 💎 🔠	
10.	OFFICERS AND DIR	FOTORS	I 11.	ADDITIONS (CHANGES	S TO OFFICERS AND DIR	ECTORC IN	10	
TITLE	PVTD	<del></del>		ADDITIONS/CHANGES				
NAME	POLANCO, INGRID	☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS	7605 SW 102ND PL.		NAME STREET ADDRESS				-	
CITY-ST-ZIP	MIAMI FL 33173		CITY-ST-ZIP					
·	SD							
	MOREJON, GLADYS	L. Oelete	TITLE			Change	Addition	
NAME STREET ADDRESS	18912 NW 57TH AVE., APT. 106		NAME					
CITY-ST-ZIP "	MIAMI-FL 33015	e e e	STREET ADDRESS CITY-ST-ZIP	<b>*</b> -				
	VTD		<del></del>					
TITLE	POLANCO, SILVINA	☐ Delete	TITLE			Change	Addition	
NAME	8420·SW-133·AVENUE, APT-324		NAME					
STREET ADDRESS® CITY-ST-ZIP	MIAMI FL 33183		STREET ADDRESS		* * *			
	THE STOS	·	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-\$T-ZIP					
TITLE		☐ Delete	TITLE	١		☐ Change	☐ Addition	
NAME			NAME				ļ	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			City-St-Zip					
TITLE		☐ Delete	TITLE		<del></del>	☐ Change	Addition	
NAME			NAME			- 5	_	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			. CITY-ST-ZIP					
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that n	the exemption stated in ny signature shall have th	Section 119.07(3)(i), Flori ne same legal effect as if r	da Statutes. I further certif made under oath; that I ar	fy that the in	formation 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

INGRID

Date

Daytime Phone #