

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

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90248 023 ****61.25

DOCUMENT # N01000004766

1. Entity Name

MADONNA OF THE POOR MINISTRY, INC.



Principal Place of Business

**804 N OLIVE AVE SECOND FL
W PALM BCH FL 33401
US**

Mailing Address

**804 N OLIVE AVE SECOND FL
W PALM BCH FL 33401
US**

24052578



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

16-1620831

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROWE-LINN, PEGGY A MS
804 N OLIVE AVE SECOND FL
W PALM BCH FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PROFETA, SALVATORE FR.**
STREET ADDRESS **500 OAK SHADOW WAY**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **T** ☒ Delete
NAME **HART, RICHARD MR.**
STREET ADDRESS **17246 50TH STREET NORTH**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **S** ☐ Delete
NAME **ROWE-LINN, PEGGY A MS**
STREET ADDRESS **804 N. OLIVE AVE., SECOND FLOOR**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☐ Delete
NAME **HORNER, ALAN A MR**
STREET ADDRESS **13956-A FOLKSTONE CIRCLE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☐ Delete
NAME **ASBECK, JOSEPH MR.**
STREET ADDRESS **252 PLEASANT WOOD DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE **VP** ☐ Delete
NAME **MADONNA, GREGORY MR.**
STREET ADDRESS **1330 SUGAR PLUM DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33486**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **LOUWERS, JAMES**
STREET ADDRESS **13696 EXOTICA LANE**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **T** ☐ Change ☒ Addition
NAME **NDOUNGA, DIEUDONNE**
STREET ADDRESS **1782 ABBEY ROAD, APT. 101**
CITY-ST-ZIP **WPB, FL 33415**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE:

Peggy Rowe-Linn **PEGGY ROWE-LINN**

4-14-04 561-654-7009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #