


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

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90770 025 \*\*\*\*\*70.50

<b>DOCUMENT # N01000005078</b>	
1. Entity Name	
ENID MINISTRY SCHOOL OF NURSING AND TECHNICAL TRAINING, INC	

Principal Place of Business	Mailing Address
5460 N. ST. RD. 7 FORT LAUDERDALE FL 33319	5460 N. ST. RD. 7 FORT LAUDERDALE FL 33319

**14018226**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number		Applied For
65-1128425		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HENRIQUES, ENIO 5460 N. ST. RD. 7 FORT LAUDERDALE FL 33319		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: *Enid Henrique* DATE: 4/29/04

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

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	HENRIQUES, ENID	NAME	
STREET ADDRESS	3571 NW 2ND ST	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	EDWARDS, MILLICENT	NAME	
STREET ADDRESS	3571 NW 2ND ST	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	REID, WAYNE	NAME	
STREET ADDRESS	3571 NW 2ND ST	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SIMON, AUDLEY	NAME	
STREET ADDRESS	942 S.W. 70TH	STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *Enid Henrique* **4/29/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #