

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005264

Entity Name: MAKING A DIFFERENCE, INC.

FILED
Feb 05, 2004
Secretary of State

Current Principal Place of Business:

16506 SW 32ND ST.
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

16506 SW 32ND ST.
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 02-0540656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFITHS, BEVERLY A
16506 SW 32ND ST.
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

GRIFFITHS, BEVERLY A
16506 SW 32ND ST.
MIRAMAR, FL 33027 US

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.

SIGNATURE: BEVERLEY GRIFFITHS

02/05/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRIFFITHS, BEVERLY
Address: 16506 SW 32ND ST.
City-St-Zip: MIRAMAR, FL 33027

Title: T (X) Delete
Name: MARTIN-GRIFFITHS, MARCIA
Address: 16506 SW 32ND ST.
City-St-Zip: MIRAMAR, FL 33027

Title: T (X) Delete
Name: ANTOINE, IVY
Address: PO BOX 822232
City-St-Zip: PEMBROKE PINES, FL 33082

Title: T (X) Delete
Name: MONONETTE, DELORES
Address: PO BOX S822232
City-St-Zip: PEMBROKE PINES, FL 33082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLEY GRIFFITHS

PD

02/05/2004

Electronic Signature of Signing Officer or Director

Date