


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90188 001 ***140.00

DOCUMENT # N0100005847
 1. Entity Name
THE JUANITA MINCEY FOUNDATION, INC.



Principal Place of Business
2527 OPA LOCKA BLVD.
OPA LOCKA, FL 33054

Mailing Address
PO BOX 541577
OPA LOCKA, FL 33054

66403699

DO NOT WRITE IN THIS SPACE



02172004 No Chg-NP CR2E037 (10/03)

4. FEI Number
03-0386110

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WASHINGTON, LYNN C
701 BRICKELL AVE., STE. 3000
MIAMI, FL 33131

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MINCEY-MILLS, DENISE 8740 SE 12 STREET PEMBROKE PINES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT MINCEY, JUANITA 2527 OPA LOCKA BLVD OPA LOCKA, FL 33054 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MINCEY, CARNELL 2101 NW 153RD STREET OPA LOCKA, FL 33054 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WASHINGTON, LYNN C 701 BRICKELL AVE #3000 MIAMI, FL 33133 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: *Juanita Mincey* **2-19-04** **305-305-0358**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #