

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90044 001 *****61.25
02-01-2005 90044 002 *****8.75

66000704



01232005 Chg-NP CR2E037 (10/03)

4. FEI Number **65-1116305** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

GOODEN, SHEENA
13835 NW 23RD AVE.
MIAMI, FL 33054

7. Name and Address of New Registered Agent

Name Rev Sheena Gooden
Street Address (P.O. Box Number is Not Acceptable)
13241 N.W. 22nd Ct.
City Miami FL Zip Code 33167

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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	D	<input type="checkbox"/> Delete
NAME	GOODEN, SHEENA	
STREET ADDRESS	13835 NW 23RD AVE.	
CITY-ST-ZIP	MIAMI, FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRAKER, KESIZA	
STREET ADDRESS	19021 NW 23RD CT.	
CITY-ST-ZIP	MIAMI, FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, SONYA	
STREET ADDRESS	1005 NW 59TH ST., #2	
CITY-ST-ZIP	MIAMI, FL 33027	
TITLE	MD	<input type="checkbox"/> Delete
NAME	JONES, TAMEKIA	
STREET ADDRESS	13241 NW 22ND COURT	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gooden, Sheena	
STREET ADDRESS	13241 N.W. 22nd Ct.	
CITY-ST-ZIP	Miami, FL 33167	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Straker, Kesiza	
STREET ADDRESS	19021 N.W. 23rd Ct.	
CITY-ST-ZIP	Miami, FL 33056	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fisher, Sonya	
STREET ADDRESS	2136 N.W. 91th St #B	
CITY-ST-ZIP	Miami, FL 33147	
TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Tamekia	
STREET ADDRESS	13241 N.W. 22nd Ct.	
CITY-ST-ZIP	Miami, FL 33167	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-05 305-621-4850