

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

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90300 006 ****70.00

DOCUMENT # N01000007017

1. Entity Name

DISCIPLES OF JESUS MINISTRY, INC.



Principal Place of Business

10735 SW 166 TERR
MIAMI FL 33157

Mailing Address

10735 SW 166 TERR
MIAMI FL 33157

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

91-2170505

Applied For

Not Applicable

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

MCKENZIE, GEM M
10735 SW 166 TERR
MIAMI FL 33157

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME JOHNSON, RICKMAN
STREET ADDRESS 13324 S.W. 208 ST CIR
CITY-ST-ZIP MIAMI FL 33186

TITLE DIRECTOR ☐ Change ☒ Addition
NAME LEON WRAY
STREET ADDRESS 8335 NW 66 STREET
CITY-ST-ZIP MIAMI, FL 33166

TITLE D ☐ Delete
NAME SINGH, SEDNA
STREET ADDRESS 19000 SW 121ST AVE
CITY-ST-ZIP MIAMI FL 33177

TITLE SECRETARY ☐ Change ☒ Addition
NAME MARK McDONALD
STREET ADDRESS 10370 SW 220 STREET # 202
CITY-ST-ZIP MIAMI, FL 33190

TITLE D ☒ Delete
NAME BENSON, SHARON
STREET ADDRESS 17255 S.W 95 AVE
CITY-ST-ZIP MIAMI FL 33157

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

TITLE S ☒ Delete
NAME BERNARD, BENSON
STREET ADDRESS 17255 SW 95 AVE
CITY-ST-ZIP MIAMI FL 33157

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

TITLE D ☐ Delete
NAME DUCALLY, FLORENCE
STREET ADDRESS 17011 SW 108 AVE
CITY-ST-ZIP MIAMI FL 33157

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

TITLE ☐ Delete
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:

GEM MCKENZIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-04

Date

786-293-0032

Daytime Phone #