

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009021

FILED
Apr 30, 2004
Secretary of State

Entity Name: FRIENDS OF JESUS MINISTRIES, INC.

Current Principal Place of Business:

17842 SW 88TH PLACE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

17842 SW 88TH PLACE
MIAMI, FL 33157

New Mailing Address:

FEI Number: 60-0001377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKOY, ASTLEY L
17842 SW 88TH PLACE
MIAMI, FL 33157

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MCKOY, ASTLEY
Address: 17842 SW 88TH PLACE
City-St-Zip: MIAMI, FL 33157

Title: SD () Delete
Name: PARKE, CARLA A
Address: 11 NE 89TH ST.
City-St-Zip: EL PORTAL, FL 33138

Title: D () Delete
Name: MCKOY, LAURICE
Address: 17842 SW 88TH PLACE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: RAYMOND, PETRONA
Address: 6466 SW 26TH ST.
City-St-Zip: MIRAMAR, FL 33023

Title: TD () Delete
Name: BAILEY, GRACE A
Address: 10324 FAIRWAY HEIGHTS BLVD.
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: ADDERLEY, ADDRIANNE
Address: 11107 SW 200 ST.
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BARNES, HUBERT
Address: 925 NW 167 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

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: SD (X) Change () Addition
Name: ADDERLEY, ADDRIANNE
Address: 11107 SW 200 ST.
City-St-Zip: MIAMI, FL 33157

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: ASTLEY MCKOY

CD

04/30/2004

Electronic Signature of Signing Officer or Director

Date