



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
04 OCT -4 AM 9:01

<b>DOCUMENT # N0200001423</b> 1. Entity Name <b>TONY ACCILIEN EVANGELISTIC ASSOCIATION, INC.</b>	
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Principal Place of Business <b>3812 EAST LAKE TERRACE MIRAMAR, FL 33023 US</b>	Mailing Address <b>3812 EAST LAKE TERRACE MIRAMAR, FL 33023 US</b>
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DO NOT WRITE IN THIS SPACE



09302004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>02-0618813</b>	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

<b>ACCILIEN, ANTHONY 3812 EAST LAKE TERRACE MIRAMAR, FL 33023</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25  
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ACCILIEN, ANTHONY
STREET ADDRESS	3812 EAST LAKE TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	VP
NAME	SIDO, ALBERT
STREET ADDRESS	2551 NW 56 AVE
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	S
NAME	NICOLAS, MARIE
STREET ADDRESS	145 NE 191 STREET
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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10/04/04--01032--024 \*\*61.25

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: *Anthony Accilien*      9/29/04 954 989 802  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #