

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001471

1. Entity Name
THE CHRISTIAN MEN AND WOMEN'S EXCHANGE, INC.



Principal Place of Business

**1490 BANKS ROAD
MARGATE, FL 33063**

Mailing Address

**1490 BANKS ROAD
MARGATE, FL 33063**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
04-3613150

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**THOMAS, GEORGE E
1490 BANKS ROAD
MARGATE, FL 33063**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	THOMAS, GEORGE E
STREET ADDRESS	7920 WEST UPPER RIDGE DRIVE
CITY - ST - ZIP	PARKLAND, FL 33067
TITLE	D
NAME	THOMAS, SHYRIL W
STREET ADDRESS	7920 WEST UPPER RIDGE DRIVE
CITY - ST - ZIP	PARKLAND, FL 33067
TITLE	D
NAME	KENDRICK, TERESA
STREET ADDRESS	7319 SW 8TH COURT
CITY - ST - ZIP	N. LAUDERDALE, FL 33068
TITLE	D
NAME	KUUSELA, LINDA
STREET ADDRESS	5765 NW 24TH STREET
CITY - ST - ZIP	MARGATE, FL 33063
TITLE	D
NAME	HATCHER, BEN
STREET ADDRESS	6503 WINFIELD BLVD #D-30
CITY - ST - ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000025391
02/02/04-80104-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Linda Kuusela Linda Kuusela

1-28-04

954-972-0660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #