

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002155

Entity Name: COMMUNION VENTURES, INC.

FILED
Jul 17, 2004
Secretary of State

Current Principal Place of Business:

13498 SW 282 STREET
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

13498 SW 282 STREET
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 01-0647331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKINS, ALVIN C
13498 SW 282 STREET
HOMESTEAD, FL 33033

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: D () Delete
Name: HAWKINS, ALVIN C
Address: 13498 SW 282 STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: D () Delete
Name: IUDICA, GRACE
Address: 3979 RICKENBACKER CSWY
City-St-Zip: MIAMI, FL 33149

Title: D () Delete
Name: ERVIN, EMMA
Address: 8526 SHEARWATER PASS
City-St-Zip: FT WAYNE, IN 46825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ALVIN C HAWKINS

D

07/17/2004

Electronic Signature of Signing Officer or Director

Date