

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002223

**FILED**  
**Apr 30, 2004**  
**Secretary of State****Entity Name:** EMBASSY WORSHIP CENTER INTERNATIONAL, INCORPORATED**Current Principal Place of Business:**2701 W. OAKLAND PARK BLVD., SUITE 320  
OAKLAND PARK, FL 33311**New Principal Place of Business:****Current Mailing Address:**2701 W. OAKLAND PARK BLVD., SUITE 320  
OAKLAND PARK, FL 33311**New Mailing Address:****FEI Number:** 04-3681275**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**TURNER, SHEKA D  
2601 E. OAKLAND PARK BLVD., SUITE 501  
FT. LAUDERDALE, FL 33306**Name and Address of New Registered Agent:**TURNER, SHEILA D  
2601 E. OAKLAND PARK BLVD., SUITE 501  
FT. LAUDERDALE, FL 33306

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: DR. N. CINDY TRIMM

04/30/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TRIMM, N. CINDY  
Address: 2701 W. OAKLAND PARK BLVD., SUITE 320  
City-St-Zip: OAKLAND PARK, FL 33311

Title: T ( ) Delete  
Name: LEAKEY, DEBBIE  
Address: 2701 W. OAKLAND PARK BLVD., SUITE 320  
City-St-Zip: OAKLAND PARK, FL 33311

Title: S ( ) Delete  
Name: DUNCOMBE, WENDY  
Address: 2701 W. OAKLAND PARK BLVD., SUITE 320  
City-St-Zip: OAKLAND PARK, FL 33311

Title: D ( ) Delete  
Name: COBBS, ERNEST  
Address: 3362 NW 151ST. TERR.  
City-St-Zip: OPA LOCKA, FL 33054

Title: T ( ) Delete  
Name: LEAKEY, DEBBIE  
Address: 28 RAILWAY TRAIL  
City-St-Zip: MIAMI, FL 33130

Title: D ( ) Delete  
Name: HARLINGTON, HANNA  
Address: 2251 N. FEDERAL HWY.  
City-St-Zip: POMPANO BEACH, FL 33060

**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:

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: DR. N. CINDY TRIMM

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date