

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90053 037 ****61.25

DOCUMENT # N02000005900

1. Entity Name

CHRONICLES MINISTRY, INC.



Principal Place of Business

**7100 NE 8TH DRIVE
BOCA RATON FL 33487**

Mailing Address

**7100 NE 8TH DRIVE
BOCA RATON FL 33487**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 272889

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FL

Zip

Country

Zip

Country

33427-2889

4. FEI Number

72-1533178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LALIBERTE, GERARD
7100 NE 8TH DRIVE
BOCA RATON FL 33487**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
LALIBERTE, GERARD
7100 NE 8TH DRIVE
BOCA RATON FL 33487** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SORTINO, VINCENT J
4450 N.W. 9TH COURT
COCONUT CREEK FL 33066** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PENNACHIO, MARILYN
1244 NW 52 WAY
DEERFIELD BEACH FL 33442** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-04 **954**
574-0117

Attachment
Doc # N02000005900
52/028264

ADDITIONS/CHANGES TO PREVIOUS EDITIONS

Please change
mailing
address