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

Jan 28, 2004 08:00 AM DOCUMENT*# N02000007210 **Secretary of State** 1. Entity Name TAKE THE CHURCH TO THE PEOPLE MINISTRIES, INC. Principal Place of Business Mailing Address 4200 INVERRARY BLVD, APT 3617 LAUDERHILL FL 33319-4136 4200 INVERRARY BLVD, APT 3617 **LAUDERHILL FL 33319-4136** 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 81-0566502 Not Applicable \$8.75 Additional Country Zio Country 5. Certificate of Status Desired 73 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SKINNER III, MR. DUFFY Street Address (P.O. Box Number is Not Acceptable) 4200 INVERRARY BLVD, APT 3617 LAUDERHILL FL 33319-4136 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typod or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Ádded to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Change Addition TITLE Delete SKINNER III, MR. DUFFY NAME U00000015932 4200 INVERRARY BLVD, APT 3617 STREET ADDRESS STREET ADDRESS 01/28/04-80035-008 61.25 **LAUDERHILL FL 33319-4136** C(TY-ST-7)P CITY-ST-ZIP ☐ Change ☐ Addition BILE TITLE Delete SKINNER, LETHA W NAME NAME 4200 INVERRARY BLVD, APT 3617 STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33319-4136 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TERLE ☐ Change BBE SKINNER, EVELYN G NAME NAME 4200 INVERRARY BLVD, APT 3617 STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33319-4136 City-ST-Zi2 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE HILE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-SI-ZAP ☐ Delete HILE Change Change Addition स्सा ह NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME MANAS STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 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.

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