


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

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90182 049 ****61.25

DOCUMENT # N02000009105	
1. Entity Name LIVING FAITH CHRISTIAN MINISTRIES INC.	

Principal Place of Business 8524 NW 196 TERR MIAMI FL 33015	Mailing Address 8524 NW 196 TERR MIAMI FL 33015
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 38-3663139	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
AJIMATANRAREJE, REV YEMI E 8524 NW 196 TERR MIAMI FL 33015	

7. Name and Address of New Registered Agent	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE CEO	<input type="checkbox"/> Delete
NAME AJIMATANRAREJE, REV YEMI E	
STREET ADDRESS 8524 NW 196 TERR	
CITY-ST-ZIP MIAMI FL 33015	
TITLE S	<input type="checkbox"/> Delete
NAME AJIMATANRAREJE, DR ROSE O	
STREET ADDRESS 8524 NW 196 TERR	
CITY-ST-ZIP MIAMI FL 33015	
TITLE EO	<input checked="" type="checkbox"/> Delete
NAME OMOLE, DR SADE STELLA	
STREET ADDRESS 1262 PROMONTORY LN	
CITY-ST-ZIP MARIETTA GA 30062	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE FINANCIAL SECRETARY (T)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JULIANNA MARCUS, TRUSTEE	
STREET ADDRESS 700 NW 200 TERRACE	
CITY-ST-ZIP MIAMI, FL 33169	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: AJIMATANRAREJE, REV. YEMI **04/26/04** **305-200-1336**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #