## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 27, 2004 8:00 am Secretary of State 04-21-2004 90019 048 \*\*\*\*61.25

Daytime Phone #

1. Entity Name	MENT # N03000000		BLESSING),					. <b></b> .			
Principal Place of Business 7773 FAIRWAY BLVD MIRAMAR, FL 33023		Mailing Address 7773 FAIRWAY BLVD MIRAMAR, FL 33023				66432742					
1220	ace of Business S. DIXLE HIGHLAY	3. Mailing Address									
Suite, Apt.		Suite, Apt. #, etc.  City & State				08182004 4. FEI Numbi	Chg-NP	CR2E	037 (10/03)	pplied For	
Hours	rood FL					57	-114	6591	No	t Applicable	
<sup>Zip</sup> 330		Zip		Country			of Status Desi		\$8.75 Add		
	6. Name and Address of Current	Registered Age	nt .	Name		7. Name and	Address of N	lew Registered	Agent		
OLOWOYEYE, J.O. 1242 NE 109 ST MIAMI, FL 33161					Street Address (P.O. Box Number is Not Acceptable)						
				City				F	L Zip Cod	e	
	named entity submits this statement for ions of registered agent.  50HNSON OLD  Signature, typed or printed name of registered agent.	wo+616	) -	stered office or	<u>S</u>	7/5	th, in the State	of Florida. I an	n familiar with,	and accept	
Filling Fee is \$61.25  Due by September 8, 2004  9. Election Campa Trust Fund Cont				ibution.		\$5.00 May E Added to Fees		Florida Depa		tate	
TITLE	OFFICERS AND DIF		Delete	11. TITLE	<b>A</b>	**************************************		FICERS AND E	DIRECTORS IN Change	I 10  Addition	
NAME STREET ADDRESS CITY-ST-ZIP	OLOWOYEYE, J.O. 1242 NE 109 ST MIAMI, FL 33161	_	Delete	NAME STREET ADDRESS CITY-ST-ZIP	17000	7. DW 7 5 EX 16AGO	CHANG CHANG	E JR 10617		<b>A</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AFOLABI, OLIVIA 15181 NW 1 ST PEMBROKE PINES, FL 33028		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	207	07H7 F 75W RAMAK	176	HE TR 3302	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLAWALE, J.A. 18620 NW 27 AVE MIAMI, FL 33056		] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		С	] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE  NAME:  STREET ADDRESS  CITY-ST-ZIP			-		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C	] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
12. I hereby of indicated of the corchanged.	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp , or on an attachment with an address.	this filing does true and accura owered to execu with all other like	not qualify for the and that my si te this report as r empowered.	exemption sta ignature shall h equired by Cha	ted in Se nave the apter 617	ection 119.07(3) same legal effe 7, Florida Statut	(i), Florida Sta ct as if made u es; and that m	tutes. I further coinder oath; that y name appears	ertify that the i I am an officer s in Block 10 o	nformation or director r Block 11 if	

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allachment

66432742 #N03000000449 JOHNSON OLDWOIGIE (VINEHARD OF BLESSING) 1220 SOUTH DIXE HUAY HOWWOOD FI

DIVISION OF CORPORATIONS P.O. GOX 6327 Tallahasee, Fr 32302

## 2004 ANNUAL REPORT

I spoke with one officer Ting today at your office. I called because the annual report I submitted in April 2004 was not processed. Time told me trex It was returned to the mailing address but it was necessed. Jan re-sending this report for processing after all corrections

were made.

Thank you for processing of this time

Cod Stess.

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