2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/2/2004-90007-022-$61.25-$61.25

DOCUMENT # N03000000466

1. Entity Name
MAHANAIM CHRISTIAN ALLIANCE CHURCH OF FORT-LAUD., INC.

FILED
05 FEB 22 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1425 N.W. 5TH AVE. FT. LAUDERDALE, FL 33311	1425 N.W. 5TH AVE. FT. LAUDERDALE, FL 33311

REINSTATEMENT 04-05
07232004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
3901 N Andrews Ave #1	3901 N Andrews Ave #1
Suite, Apt. #, etc. Oakland Park FL	Suite, Apt. #, etc. Oakland Park, FL
City & State Broward	City & State Broward
Zip 33309 Country	Zip 33309 Country

4. FEI Number 14-1915511 ☐ 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
BUSBY, ALBERTO F 1425 N.W. 5TH AVE. FT. LAUDERDALE, FL 33311	Name REV. PREVILES CASSEUS Street Address (P.O. Box Number is Not Acceptable) 3901 N. Andrews Ave Oakland Park City FL Zip Code 33309

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

Filing Fee is $61.25 Due by September 8, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASSEUS, PREVILES REV. 1425 N.W. 5TH AVE. FT. LAUDERDALE, FL 33311	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ETIENNE, BONIFACE 8053 SW 7 PL NORTH LAUDERDALE, FL 33068	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD METELUS, WILFORD 4387 N.W. 42 CT. COCONUT CREEK, FL 33070	☐ Delete		☐ Change ☐ Addition 300047590123 03/02/05--01056--002 **245.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Previles Casseus 02-03-05 954-709-5165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #