

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000752

FILED
Jul 09, 2004
Secretary of State**Entity Name:** JOHN DELGADO MINISTRIES, INC.**Current Principal Place of Business:**3285 LAKE WORTH ROAD
SUITE # A
LAKE WORTH, FL 33461**New Principal Place of Business:**6917 VISTA PARKWAY NORTH
SUITE # 12
WEST PALM BEACH, FL 33411 US**Current Mailing Address:**3285 LAKE WORTH ROAD
SUITE # A
LAKE WORTH, FL 33461**New Mailing Address:**6917 VISTA PARKWAY NORTH
SUITE # 12
WEST PALM BEACH, FL 33411 US**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**JOHN, DELGADO DR.
3285 LAKE WORTH ROAD
SUITE # A
LAKE WORTH, FL 33461 US**Name and Address of New Registered Agent:**JOHN, DELGADO DR.
6917 VISTA PARKWAY NORTH
SUITE # 12
WEST PALM BEACH, FL 33411 US

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.

SIGNATURE: JOHN DELGADO

07/09/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PRES () Change (X) Addition
Name: DELGADO, JOHN DR.
Address: 6917 VISTA PARKWAY NORTH, STE 12
City-St-Zip: WEST PALM BEACH, FL 33411 USTitle: VP () Change (X) Addition
Name: DELGADO, IRIS DR.
Address: 6917 VISTA PARKWAY NORTH, STE 12
City-St-Zip: WEST PALM BEACH, FL 33411 USTitle: SECT () Change (X) Addition
Name: DELGADO, KRISTINE
Address: 6917 VISTA PARKWAY NORTH, STE 12
City-St-Zip: WEST PALM BEACH, FL 33411 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. JOHN DELGADO

PRES

07/09/2004

Electronic Signature of Signing Officer or Director

Date