

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000802

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: SAFARI WILD INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

6034 SW 9 PLACE #B  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

6034 SW 9 PLACE #B  
GAINESVILLE, FL 32607

**New Mailing Address:**

FEI Number: 20-0740075

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GENTILMAN, CRIS  
6034 SW 9 PLACE #B  
GAINESVILLE, FL 32607

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GENTILMAN, CRIS  
Address: 6034 SW 9 PLACE #B  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: GENTILMAN, CATHERINE  
Address: 6034 SW 9 PLACE #B  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: KRAMES, BRENDA  
Address: 8215 NW 4 PLACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: HARP, DIANE  
Address: 12510 W. UNIVERSITY AVENUE  
City-St-Zip: NEWBERRY, FL 32669

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CRIS GENTILMAN

D

04/27/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date