

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

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90001 001 \*\*\*\*70.00

**DOCUMENT # N03000001032**

1. Entity Name

**DARE TO BE DIFFERENT WORSHIP CENTER, INC.**



Principal Place of Business

**370 DUNDEE DR  
POINCIANA FL 34759**

Mailing Address

**370 DUNDEE DR  
POINCIANA FL 34759**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**30-0191579**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

MOORE

CR2E037 (4/04)



6. Name and Address of Current Registered Agent

**MOORE, JACQUELINE A  
370 DUNDEE DR  
POINCIANA FL 34759**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW! 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

TITLE **P** ☐ Delete  
NAME **MOORE, JACQUELINE A**  
STREET ADDRESS **370 DUNDEE DR**  
CITY-ST-ZIP **POINCIANA FL 34759**

TITLE **V** ☐ Delete  
NAME **MOORE, JIMMIE SR**  
STREET ADDRESS **370 DUNDEE DR**  
CITY-ST-ZIP **POINCIANA FL 34759**

TITLE **T** ☐ Delete  
NAME **MULDROW, CAROLYN**  
STREET ADDRESS **448 AVE B NE**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **S** ☐ Delete  
NAME **BARBER, RHEA**  
STREET ADDRESS **1027 BILTMORE DR NW**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **D** ☐ Delete  
NAME **BARBER, KERRY**  
STREET ADDRESS **1027 BILDMORE DR NW**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **C** ☐ Delete  
NAME **MCINTOSH, ANN**  
STREET ADDRESS **CYPRESS CATHEDRAL APTS, APT 406**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Red Jacqueline A. Moore* *Ann McIntosh* *Pastor* *07/06/04* *1-863-427-2642*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR