2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Sep 09, 2004 8:00 am Secretary of State

DOCUMENT # N0300001224 1. Entity Name CLADAUGH MINISTRIES, INC.							Secretary of State 09-09-2004 90003 020 ****70.00					
Principal Place of Business Mailing Address 13114 SW 90 CT. 13114 SW 90 CT. MIAMI, FL 33176 MIAMI, FL 33176				1								
Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc.	Suite, Apt. #, etc.					08312004 Ch	g-NP	CR2E0	37 (10/03)			
City & State		City & State					4. FEI Number			Applied For Not Applicable		
Zip	Country	Zip _ Co		Cou	ntry		5. Certificate of Sta	tus Desired	×	\$8.75 Add	litional	
	e and Address of Current	Registered	Agent		Name		7. Name and Addre	ess of New Re	gistered	Agent		
CAGLE, PETER B 6701 SUNSET DR., STE.112 MIAMI, FL 33143					Street Addre	Street Address (P.O. Box Number is Not Acceptable)						
INDAM, FE 33143			City						FL	Zip Code	Э	
The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.						gistere	ed agent, or both, in t	he State of Flor			and accept	
SIGNATURESignature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Filing Fee is \$61.25 9. Election Campaign Fir Due by September 8, 2004 Trust Fund Contribution							\$5.00 May Be Added to Fees Florida Department of					
10. OFFICERS AND DIRECTOR					ΑI	L DDITIONS/CHANGE	S TO OFFICER	S AND D	RECTORS IN	10		
1 13 4 13 13 00 1907 N C (E TADORESS 3	1060 1160 1161	0700-1. H AUA) T. H 4 S.W.9071 M), FC3717	OSAN ACT 16		☐ Change	⊠ Addition	
BILE VICE	PRESIDENT- L B.CAGCE SUNSET DATE MI, FL 3314	. 46	☐ Delete		ET ADORESS 6	ILE CE	CTON-D CN 8. CAGU SUNSET DO IMI, FL 33	E LISTEII	2	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		□ Delete		_ B±	#0	1) DINECTO 1) DINECTO 1) DINECTO 1) S.W. 97 MI, FL 33	11	<u>-</u>	☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	□ Delete	E						☐ Change	☐ Addition	
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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 frue 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: SIGNATURE AND TYPED OF PRINTED RADE PHOSONING OFFICER OR DIRECTOR 3 / A U 6 0 4 305-300-3220 Date Daytime Priorie #												