


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90449 015 ****61.25

DOCUMENT # N03000001809 1. Entity Name THE SEAMENS HARVEST MINISTRIES ORGANIZATION, INC.					
Principal Place of Business 7401 NW 16 ST., A-304 PLANTATION, FL 33313			Mailing Address 7401 NW 16 ST., A-304 PLANTATION, FL 33313		
2. Principal Place of Business 7401 NW 16 ST Suite, Apt. #, etc. A-304-		3. Mailing Address 7401 NW 16 ST. Suite, Apt. #, etc. A-304			
City & State Plantation FL.		City & State Plantation FL.			
Zip 33313		Country U.S.A.		Zip 33313	
Country U.S.A.		4. FEI Number 03-0512025			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ALERS, ALBERTO REV 2915 PLUNKETT ST SUITE 10 HOLLYWOOD, FL 33313			7. Name and Address of New Registered Agent Name Alberto Alex Rev. Street Address (P.O. Box Number is Not Acceptable) 2915 Plunkett Street Suite 10 City Hollywood FL Zip Code 33313		
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 Alberto Alex 04-20-05. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete PEREZ, PILAR REV 2915 PLUNKETT ST #10 HOLLYWOOD, FL 33020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Vaneqa William 2306 R. Harter Rd #25 Hollywood Blvd FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ARANIBAR, LUIS 2315 ADAMS ST HOLLYWOOD, FL 33020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Anakary Castillo 4377 Rainbow Ave. Weston FL 33332	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete PEREZ, NORA E 7401 NW 16 ST PLANTATION, FL 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Pilar Perez <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04-20-05. <small>Date</small>		
<small>Daytime Phone #</small>					