2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000003088 1. Entity Name FILED LAUDERDALE LAKES SEVENTH-DAY ADVENTIST CHURCH, INC. 04 NOV -9 AM 10: 10 Principal Place of Business Mailing Address SECRETARY, OF STATE ATT: LAURNA WILLIAMS 3361 N.W. 47TH TERR. 7161 PEMBROKE ROAD #2 LAUDERDALE LAKES, FL 33319 PEMBROKE PINES, FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09302004 Chg-NP CR2E037 (10/03) City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, LAURNA 7161 PEMBROKE RD. #2 Street Address (P.O. Box Number is Not Acceptable) LAUDERDALE LAKES FL 33023 City Zip Code FL 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 . . Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE Addition ROLLE, ANDREW NAME NAME 3361 N.W. 47TH TERR. STREET ADDRESS STREET ADDRESS City-St-79 LAUDERDALE LAKES, FL 33319 CITY-ST-ZIP TELLE Delete TITLE Change Addition NAME HOSLEY, KOWESILLA NAME STREET ADDRESS 1225 S.W. 75TH AVENUE STREET ADDRESS CATY-ST-ZIP N. LAUDERDALE, FL 33068 CLTY-ST-ZIP TITLE Delete THIE ☐ Change 7] Addition BERRY, LORNA NAME NAME -1720 S.W. 68TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO, FL 33068 CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certificated on this report or supplemental report is true and accurate and that my significant stated in Section 119.07(3)(i), Florida Statutes. I further certificated on this report or supplemental report is true and accurate and that my significant state of the corporation or the receiver or trust of empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in changed, or on an attachment with an address, with fall other like empowered. SIGNATURE: