

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 13, 2004
Secretary of State**

DOCUMENT# N03000006155

Entity Name: SMITH BEAUPLAN MINISTRIES, INC.

Current Principal Place of Business:

415 E BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33425

New Principal Place of Business:

Current Mailing Address:

P O BX 417
BOYNTON BEACH, FL 33425

New Mailing Address:

FEI Number: 02-0696706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAUPLAN, SMITH
622 SW 1 AVE
BOYNTON BEACH, FL 33426 US

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: PD () Delete
Name: RAPHAEL, ALPHONICA
Address: 548 DAVID ROAD
City-St-Zip: DELRAY BEACH, FL 33445

Title: VD () Delete
Name: RAPHAEL, NATHAN
Address: 548 DAVID ROAD
City-St-Zip: DELRAY BEACH, FL 33445

Title: STD (X) Delete
Name: RAPHAEL, NATHAN
Address: 548 DAVIS ROAD
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: RAPHAEL, ALPHONICA
Address: 548 DAVIS ROAD
City-St-Zip: DELRAY BEACH, FL 33445

Title: STD (X) Change () Addition
Name: RAPHAEL, NATHAN
Address: 548 DAVIS ROAD
City-St-Zip: DELRAY BEACH, FL 33445

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: ALPHONCIA RAPHAEL

VP

01/13/2004

Electronic Signature of Signing Officer or Director

_____ Date