

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007682

FILED
Jun 14, 2004
Secretary of State**Entity Name:** D.O.Z. INTERNATIONAL MINISTRY INC.**Current Principal Place of Business:**20535 N.W. 2ND AVENUE
SUITE 200
MIAMI, FL 33169**New Principal Place of Business:****Current Mailing Address:**20535 N.W. 2ND AVENUE
SUITE 110
MIAMI, FL 33169**New Mailing Address:****FEI Number:** 20-0206631**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MORTIMER, LAFARIES Y
3230 N.W. 151ST TERRACE
OPA LOCKA, FL 33054 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: D () Delete
Name: WHIPPLE, FELICIA
Address: 20535 N.W. 2ND AVENUE , SUITE 110
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: GIVENS, WILLIE MARY
Address: 2323 N.W. 85TH STREET
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: WILLIS, SANDIE
Address: 17411 N.W. 37TH PLACE
City-St-Zip: MIAMI, FL 33055

Title: D () Delete
Name: MORTIMER, LA FARIES Y
Address: 3230 N.W. 151ST TERRACE
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FELICIA WHIPPLE

D

06/14/2004

Electronic Signature of Signing Officer or Director

Date