2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000008188

1. Entity Name
TOTAL ADORATION MINISTRIES, INC

FILED
04 OCT -4 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
15720 NW 11TH ST PEMBROKE PINES, FL 33028 US	P.O. BOX 841423 PEMBROKE PINES, FL 33028 US

09292004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
251 SW 98th Terrace	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State
Zip: 33025 Country: US	Zip Country

4. FEI Number 20-0236096 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHARLES, MARTINE K
910 NE 155TH ST
N. MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 9-29-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	**$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: P NAME: JOHNSON, DIANE STREET ADDRESS: 15720 NW 11TH ST CITY-ST-ZIP: PEMBROKE PINES, FL 33028	☐ Delete	TITLE: P NAME: Johnson, Diane STREET ADDRESS: 251 SW 98th Ter CITY-ST-ZIP: Pembroke Pines, FL 33025	☐ Change ☐ Addition
TITLE: VP NAME: JOHNSON, DARRYL STREET ADDRESS: 15720 NW 11TH ST CITY-ST-ZIP: PEMBROKE PINES, FL 33028	☐ Delete	TITLE: VP NAME: Johnson, Darrell STREET ADDRESS: 251 SW 98th Ter. CITY-ST-ZIP: Pembroke Pines, FL 33025	☐ Change ☐ Addition
TITLE: VPS NAME: CHARLES, MARTINE STREET ADDRESS: 910 NE 155TH ST CITY-ST-ZIP: N. MIAMI BEACH, FL 33162	☐ Delete	400041571904 10/04/04--01045--005 **61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 9-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #