

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

3/ Apr 07, 2004 8:00 am
Secretary of State

DOCUMENT # N03000008197

1. Entity Name

MISSION OF GOD TO RESCUE CHILDREN, INC.



03-22-2004 90040 038 *****60.00

04-07-2004 90328 001 *****1.25

04-07-2004 90328 002 *****8.75

Principal Place of Business

274 NE 59TH ST
MIAMI FL 33137

Mailing Address

274 NE 59TH ST
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

P.O. Box 371467



MOORE

CR2E037 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33137

DADE

4. FEI Number

56-2402185

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORAIN, ELIE REV
274 NE 59TH ST
MIAMI FL 33137

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 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

TITLE: ☒ Add ☐ Delete
NAME: FLORAIN, ELIE REV
STREET ADDRESS: 274 NE 59TH ST
CITY-ST-ZIP: MIAMI FL 33137

TITLE: ☐ Delete
NAME: MORRISON, LYNDA
STREET ADDRESS: 1290 NW 60TH ST
CITY-ST-ZIP: MIAMI FL 33142

TITLE: ☐ Delete
NAME: NEGRON, JESSICA
STREET ADDRESS: 5102 BELMERE PKWY
CITY-ST-ZIP: TAMPA FL 33624

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Executive Director ☒ Change ☐ Addition
NAME: FLORIAN, Elie Rev
STREET ADDRESS: 1290 NW 60th Street
CITY-ST-ZIP: Miami, FL 33142

TITLE: Director ☒ Change ☐ Addition
NAME: MORRISON, Lynda
STREET ADDRESS: 1290 NW 60th Street
CITY-ST-ZIP: Miami, FL 33142

TITLE: Deputy Director ☒ Change ☒ Addition
NAME: Foster, Jessica
STREET ADDRESS: 1290 NW 60th Street
CITY-ST-ZIP: Miami, FL 33142

TITLE: Sec. / Treasurer ☐ Change ☒ Addition
NAME: ARKINSON, Beth
STREET ADDRESS: 1290 NW 60th Street
CITY-ST-ZIP: Miami, FL 33142

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: x Rev Elie Florain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #