

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000008677

1. Entity Name

THE MUSTARD SEED MISSION OF FAITH, INC.



Principal Place of Business

31 N. MELBOURNE ST.
BEVERLY HILLS FL 34465

Mailing Address

31 N. MELBOURNE ST.
BEVERLY HILLS FL 34465

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

83-0373113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BETANCOURT, RICHARD
31 N. MELBOURNE ST.
BEVERLY HILLS FL 34465

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 NAME	P CASSIDY, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS	3219 E. WITHLACOOCHIE TRAIL	
CITY- ST- ZIP	DUNNELLON FL 34434	
TITLE NAME	VP BETANCOURT, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	31 N. MELBOURNE ST.	
CITY- ST- ZIP	BEVERLY HILLS FL 34465	
TITLE NAME	TRES CASSIDY, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	3219 E. WITHLACOOCHIE TRAIL	
CITY- ST- ZIP	DUNNELLON FL 34434	
TITLE NAME	SEC. BETANCOURT, DENISE L	<input type="checkbox"/> Delete
STREET ADDRESS	31 N. MELBOURNE ST.	
CITY- ST- ZIP	BEVERLY HILLS FL 34465	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		

000000295793
04/09/05-80040-023 61.25

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:

Denise L. Betancourt Denise L. Betancourt 4/1/05 352-746-6950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #