

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008837

FILED
Mar 11, 2004
Secretary of State**Entity Name:** HOMES FOR CHRIST MINISTRIES, INC.**Current Principal Place of Business:**1799 SW 82 PLACE
MIRAMAR, FL 33025**New Principal Place of Business:**18631 SW 97 PL
MIAMI, FL 33157**Current Mailing Address:**1799 SW 82 PLACE
MIRAMAR, FL 33025**New Mailing Address:**18631 SW 97 PL
MIAMI, FL 33157**FEI Number:** 20-0697006**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KALICHARAN, SEAN
1799 SW 82 PLACE
MIRAMAR, FL 33025**Name and Address of New Registered Agent:**KALICHARAN, SEAN
18631 SW 97 PL
MIAMI, FL 33157

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: _____

03/11/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KALICHARAN, SEAN
Address: 1799 SW 82 PLACE
City-St-Zip: MIRAMAR, FL 33025

Title: DVT () Delete
Name: KALICHARAN, NATACHA
Address: 1799 SW 82 PLACE
City-St-Zip: MIRAMAR, FL 33025

Title: DV () Delete
Name: KALICHARAN, ROY
Address: 7629 NW 88 WAY
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KALICHARAN, SEAN
Address: 18631 SW 97 PL
City-St-Zip: MIAMI, FL 33157

Title: DVT (X) Change () Addition
Name: KALICHARAN, NATACHA
Address: 18631 SW 97 PL
City-St-Zip: MIAMI, FL 33157

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: SEAN KALICHARAN

DP

03/11/2004

Electronic Signature of Signing Officer or Director

Date