


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

FILED
May 10, 2004 8:00 am
Secretary of State

04-19-2004 90360 021 ****61.25

DOCUMENT # N03000009753 1. Entity Name WORSHIP & WORD CHURCH, INC.					
Principal Place of Business 1214 SE 36TH TERR CAPE CORAL FL 33904-7103			Mailing Address 1214 SE 36TH TERR CAPE CORAL FL 33904-7103		
2. Principal Place of Business Temple Beth Shalom <small>Suite, Apt. #, etc.</small> 702 SE 24th Ave		3. Mailing Address <small>Suite, Apt. #, etc.</small>			
City & State CAPE Coral FL.		City & State		4. FEI Number 57119-1367	
Zip 33990		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRACO, DAWNE 1214 SE 36TH TERR CAPE CORAL FL 33904-7103				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 _____ DATE _____ <small>Signature of type of officer or director of registered agent and must be applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BRACO, DAWNE <i>President</i> 1214 SE 36TH TERR CAPE CORAL FL 33904-7103				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LENTINI, JAMI <i>Off- President</i> 1214 SE 36TH TERR CAPE CORAL FL 33904-7103				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DAIDONE, LENNY <i>Treasurer</i> 2117 SE 9TH TERRACE CAPE CORAL FL 33990				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DAIDONE, DOREEN <i>Secy</i> 2117 SE 9TH TERRACE CAPE CORAL FL 33990				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCIMECA, ERICA <i>Trustee</i> 304 NE 13TH PLACE CAPE CORAL FL 33990				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NYDIA Paczynski <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4324 SW 6th Place CAPE CORAL FL. 33914 <i>Trustee</i>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda KACZMARZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1221 SE 24th Ave #A CAPE CORAL, FL. 33990 <i>Trustee</i>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Dawne Braco</i> DAWNE BRACO 4/15/04 239-540-1226 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					