

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

FILED
Jun 02, 2004 8:00 am
Secretary of State

06-02-2004 90004 032 ****70.00

DOCUMENT # N03000010999

1. Entity Name

REAL THING HIS MINISTRY CORP.



Principal Place of Business

395 NW 177TH ST
APT 110
MIAMI FL 33169

Mailing Address

395 NW 177TH ST
APT 110
MIAMI FL 33169

44046119



MOORE CR2E037 (4/04)

2. Principal Place of Business

395 N.W. 177st

3. Mailing Address

395 N.W. 177st

Suite, Apt. #, etc.

Apt 110

Suite, Apt. #, etc.

Apt 110

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

14-1898890

Applied For

Not Applicable

Zip

33169

Country

Dade

Zip

33169

Country

Dade

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, ATLANTA
395 NW 177TH ST
APT 110
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name: Atlanta White
Street Address (P.O. Box Number is Not Acceptable):
395 N.W. 177st
Apt 110
City: Miami, Florida FL Zip Code: 33169

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 *Atlanta White*

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

Atlanta White

(NOTE: Registered Agent signature required when reinstating)

05/22/04

DATE

**FILE NOW: 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

TITLE	P	<input type="checkbox"/> Delete
NAME	WHITE, ATLANTA	
STREET ADDRESS	395 NW 177TH ST APT 110	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MACK, PHYLLIS	
STREET ADDRESS	12000 NW 22ND AVE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WARNER, ROSE	
STREET ADDRESS	1231 S 26TH AVE	
CITY-ST-ZIP	PEMBROKE FL 33025	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FLORVIL, MICHELLE	
STREET ADDRESS	18800 NE 1ST PLACE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Atlanta White	
STREET ADDRESS	395 N.W. 177 st Apt 110	
CITY-ST-ZIP	Miami, FLA, 33169	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Greenaway	
STREET ADDRESS	9500 N.W. 180 ^{ter}	
CITY-ST-ZIP	Miami, FLA, 33169	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Birdie White	
STREET ADDRESS	395 N.W. 177 st Apt 110	
CITY-ST-ZIP	Miami, FLA, 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Atlanta White* Atlanta White 05/22/04 3056527061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #