


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90005 006 ****61.25

DOCUMENT # N12804

1. Entity Name
JESUS, MARY AND JOSEPH FAMILY CENTER, INC.



Principal Place of Business C/O LEWIS D. MILLEDGE, JR. 4700 S.W. 74TH STREET MIAMI, FL 33143-6117	Mailing Address C/O LEWIS D. MILLEDGE, JR. 4700 S.W. 74TH STREET MIAMI, FL 33143-6117
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04064400



01292004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2653404	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

MILLEDGE, LEWIS D. JR.
4700 S.W. 74TH STREET
MIAMI, FL 33143-6117

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUESCA, REV. OMAR A. 3405 NW 27TH AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, DAVID REV 3405 N.W. 27 AVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTO, PUPO 3405 N.W. 27 AVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Omar A. Huesca* 02/09/04 305-633-6009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Althebra

Florida Department of Agriculture and Consumer Services
CHARLES H. BRONSON, Commissioner
The Capitol • Tallahassee, FL 32399-0800

Dave
N12804
5402495

March 8, 2004

Please Respond To:
Department of Agriculture
P.O. Box 6720
Tallahassee, FL 32314-6720

WILBUR C ROLLINS
3044 RIPPLING BROOK WAY
SPRING HILL , FL 34606 -3166

Re: Check # 3140 in the amount of \$61.25 for the purpose of:

Dear Sir or Ms.,

We are returning the enclosed check to you for the following reason(s):

- Not signed. Please sign in the designated area and send back to us with attachments.
- Not complete. Please fill in all areas and return to us with attachments for processing.
- Wrong amount.
- If you have any questions regarding the amount owed, please feel free to contact
- Payment previously received.
- No attachments. Please send us your application, report or invoice along with the check for processing.
- Only residential numbers can register for no solicitation calls.
- Other THIS CHECK SHOULD GO TO DEPT. OF STATE, NOT DEPT. OF AGRIC.

If you have any questions, please feel free to call us at (850) 488-7173.

Sincerely,

Wayne Waller

Wayne Waller, Accounting Services Supervisor I
Bureau of Finance & Accounting
Division of Administration

Attachments



Florida Agriculture and Forest Products