

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

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90045 047 ****61.25

DOCUMENT # N38205

1. Entity Name

FULNESS MINISTRIES INTERNATIONAL, INC.



Principal Place of Business

957 SW 71 AVENUE
NORTH LAUDERDALE FL 33068
US

Mailing Address

957 SW 71 AVENUE
NORTH LAUDERDALE FL 33068
US

04060103



MOORE CR2E037 (11/03)

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

65-0200121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOKINS, JIMMY L.
957 SW 71 AVENUE
NORTH LAUDERDALE FL 33068

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, 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 PD ☐ Delete
NAME BROOKINS, JIMMY L.
STREET ADDRESS 957 SW 71 AVENUE
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE D ☐ Delete
NAME WERNER, JERRY B.
STREET ADDRESS 3561 NW 99 AVE.
CITY-ST-ZIP CORAL SPRINGS FL

TITLE VTD ☐ Delete
NAME SITTON, ROBERT
STREET ADDRESS 105 NW 104 TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE S ☒ Delete
NAME PRASAO, BECKY
STREET ADDRESS 36 GABLES BLVD
CITY-ST-ZIP WESTON FL 33326

TITLE D ☒ Delete
NAME PRASAO, JOSHUA
STREET ADDRESS 36 GABLES BLVD
CITY-ST-ZIP WESTON FL 33326

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME GREENFIELD, Nikki
STREET ADDRESS 3516 Coral Springs Dr.
CITY-ST-ZIP Coral Springs, FL 33065

TITLE D ☐ Change ☒ Addition
NAME PAGAN, Orlando
STREET ADDRESS 12114 NW 27 Drive
CITY-ST-ZIP Coral Springs, FL 33065

TITLE ☐ Change ☐ 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: Robert W. Sitton Robert W. Sitton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2004 954-720-8737
Date Daytime Phone # 84113