



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90005 003 ****70.00

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|---|---|--|--|--|--|
| DOCUMENT # N40127 1. Entity Name MINISTRY OF HELP AND EVANGELISM "CHRIST LOVES YOU", INCORPORATED | | | |  | |
| Principal Place of Business 17920 NW 44TH AVE. OPA LOCKA, FL 33055 US | | | | Mailing Address 17920 NW 44TH AVE. OPA LOCKA, FL 33055 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 54058298  | |
| City & State | | City & State | | 06172004 Chg-NP CR2E037 (10/03) | |
| Zip | | Country | | 4. FEI Number 65-0343193 | |
| 5. Certificate of Status Desired | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent CARDONA, ANA C 17920 NW 44TH AVE MIAMI, FL 33055 | | | | 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 <u><i>Ana C. Cardona</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 8, 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CARDONA, ANA C 17920 NW 44TH AVE OPA LOCKA, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BERDION, ANTONIO REV 4440 SW 1ST ST MIAMI, FL | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CARDONA, ELIEZER 17920 NW 44TH AVE OPA LOCKA, FL 33055 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RIVERA, PASTORA LETICIA 3801 N.W. 17 AVE MIAMI, FL 33142 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHAMES, ESTHER 1035 SE 8TH AVE HIALEAH, FL 33010 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEITNAVER, JORGE 5050 N.W. 7TH ST MIAMI, FL 33126 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RIVERA, LETICIA 3801 NW 17 AVE MIAMI, FL 33142 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary MARtha Gomez 3801 NW 17 AVE MIAMI, FL 33142 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D. Gloria Croso 517 NW 95 St. MIAMI, FL 33142 | <input type="checkbox"/> Change <input checked="" 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: <u><i>Ana C. Cardona</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |