2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N46418 1. Entity Name H.E.L.P.S. MINISTRIES OF BROWARD, INC.					02-09-	-2004 90043		.25	
2401 W CYPRESS CREEK RD		Mailing Address 2401 W CYPRESS CREEK R FT LAUDERDALE, FL 3330			94003802				
2. Principal Place of Business		3. Mailing Address		 					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0108	2004 Chg-Ni	P CR2I	E037 (10/03)		
City & Stat	te .	City & State			Number 5-0299856		—	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Ce	tificate of Status [Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Na	ne and Address	of New Register	ed Agent		
						• • • • • • • • • • • • • • • • • • • •			
	YPRESS CREEK RD ERDALE, FL 33309		Street Address ((P.O. Box Number is Not Acceptable)			
<u>\$</u>			City			F	Zip Cod	le	
	named entity submits this statement for tions of registered agent.	r the purpose of changing its regi	istered office or re	egistered agen	t, or both, in the S	tate of Florida. I a	am familiar with,	and accept	
SIGNATURE .									
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	gistered Agent signature	required when reins	tating)	DAT	TE		
SIGNATURE		and title if applicable. (NOTE: Reg 9. Election Campai Trust Fund Contr	ign Financing	\$5.00	May Be	Make ch	eck payable to		
10	Signature, typed or printed name of registered agent	9. Election Campai Trust Fund Cont	ign Financing	\$5.00 Added t	May Be	Make ch	eck payable to	tate	
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	9. Election Campai Trust Fund Cont RECTORS	ign Financing ribution.	\$5.00 Added t	May Be o Fees	Make ch	eck payable to	tate	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI PSD DAVIS, MARK T 2401 W CYPRESS CREEK RD	9. Election Campai Trust Fund Conti	ign Financing ribution. 11. TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C.	S D Stall one	May Be o Fees NS/CHANGES TO . Joseph was Creak Roi	Make ch Fiorida Dej OFFICERS AND	eck payable to partment of SI DIRECTORS IN	tate	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR