


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

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90005 048 ****74.90

| | | | |
|--|--------------------------|---|---------|
| DOCUMENT # N50190 1. Entity Name GOULDS COALITION OF MINISTERS AND LAY PEOPLE, INC. | |  | |
| Principal Place of Business 10705 SW 216 STREET D-218 GOULDS FL 33170 US | | Mailing Address PO BOX 96 GOULDS FL 33170 US | |
| 2. Principal Place of Business 10705 S.W. 216th Street Suite, Apt. #, etc. Unit#214 | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State Goalds, Florida | | City & State | |
| Zip 33170 | Country U.S.A. | Zip | Country |

34007500



MOORE CR2E037 (11/03)

| | | | | | |
|---|--|--|--|--|----------|
| 4. FEI Number 59-2824419 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ADAMS, ALICE 22365 SW 112TH PLACE GOULDS FL 33170 | | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|--|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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 | D ADAMS, ALICE 22365 SW 112 PLACE MIAMI FL 33170 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC WILLIAMS, CHARLES L 10720 SW 218TH ST GOULDS FL 33170 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C WRIGHT, WILLIE 18651 S.W. 128TH AVE MIAMI FL 33177 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHAIRPERSON HARVIN, JESSIE 11695 S.W. 220th STREET MIAMI, FLORIDA. 33170 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DANIEL, CLARA PASTOR 10730 SW 217TH STREET MIAMI FL 33170 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ANDERSON, EVELYN B 9760 SW 167TH STREET MIAMI FL 33157 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER. BROUSSARD, BARBARA 14841 PIECE STREET MIAMI, FLORIDA. 33176 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EVERETT, MAE 16243 SW 107TH AVE MIAMI FL 33157 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input 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: *Mrs. Alice Adams* **MRS. ALICE ADAMS** **February 11, 2004 (305) 233-2128.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #