

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

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N92000000359**

1. Entity Name  
**ANTONAS MINISTRIES INTERNATIONAL, INC.**



Principal Place of Business  
**3961-B SW GREENWOOD WAY  
PALM CITY, FL 34990 US**

Mailing Address  
**2424 N FEDERAL HWY  
SUITE 200  
BOCA RATON, FL 33431 US**

**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0371736**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**REED, HOWARD S  
2424 N FEDERAL HWY  
SUITE 200  
BOCA RATON, FL 33431**

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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 reinstating)

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**

**U000000083189  
03/10/04-80029-012 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D  
ANTONAS, ELIAS S  
3961-B SW GREENWOOD WAY  
PALM CITY, FL 34990**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
ANTONAS, PATRICIA S  
3961-B SW GREENWOOD WAY  
PALM CITY, FL 34990**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V/D  
JACKSON, WILMA  
RFD #1 ROSE DR  
MAHOPAC, NY 10541**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: Patricia Antonas / PATRICIA S. ANTONAS 3/8/04 772-386-4702**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #