

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2004
Secretary of State**

DOCUMENT# N93000002124

Entity Name: CHI ALPHA/NEW BEGINNINGS CHRISTIAN FELLOWSHIP INC.

Current Principal Place of Business:

CHIALPHA-U OF MIAMI
P.O. BOX 248508 UNIV. OF MIAMI
CORAL GABLES, FL 33124 US

New Principal Place of Business:

Current Mailing Address:

10249 SW 59TH STREET
COOPER CITY, FL 33328 US

New Mailing Address:

FEI Number: 65-0413696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORTIE, JOSEPH
10249 SW 59TH STREET
COOPER CITY, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LORTIE, JOSEPH
Address: 10249 SW 59TH STREET
City-St-Zip: COOPER CITY, FL 33328

Title: T () Delete
Name: LORTIE, DONNA
Address: 10249 SW 59TH STREET
City-St-Zip: COOPER CITY, FL 33328

Title: T () Delete
Name: JACOBS, DENNIS
Address: 22601 VISTA WOOD WAY
City-St-Zip: BOCA RATON, FL 33428

Title: T () Delete
Name: WELLS, HAT
Address: 7436 SW 56TH AVE. #4
City-St-Zip: SOUTH MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH LORTIE

PD

01/06/2004

Electronic Signature of Signing Officer or Director

Date