


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

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90076 006 ****70.00

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| DOCUMENT # N93000002316 |  |
| 1. Entity Name SOUTH EAST DADE MINISTERIAL ALLIANCE, INC. | |

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| Principal Place of Business 606 SW 5TH AVENUE HOMESTEAD FL 33030 | Mailing Address P.O. BOX 901471 HOMESTEAD FL 33030-1449 |
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|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



MOORE CR2E037 (11/03)

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| 6. Name and Address of Current Registered Agent | |
| TERRY, CLINTON R REV 15101 SW 297 STREET HOMESTEAD FL 33033 | |

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| 7. Name and Address of New Registered Agent | |
| Name: TERRY, CLINTON R. REV | |
| Street Address (P.O. Box Number is Not Acceptable): 29971 S.W. 165 AVE | |
| City: HOMESTEAD, FL | |
| City | Zip Code: 33037 |

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| 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: 1-26-04 |
| (NOTE: Registered Agent signature required when reinstating) | |

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| FILE NOW: FEE IS \$61.25 Due By May 1, 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TERRY, CLINTON R REV 15101 SW 297 STREET HOMESTEAD FL 33033 <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 | VD FERGUSON, LARRY REV. 205 NW 7TH AVENUE FLORIDA CITY FL 33034 <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 | TD SCOTT, WILLIE BISHOP 14320 SW 104 COURT MIAMI FL 33176 <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 | D WILLIAMS, CHARLIE BISHOP 10720 SW 218 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 | SD THOMAS, CURTIS REV 1055 NW 6 AVENUE FLORIDA CITY FL 33034 <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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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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. | |
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| SIGNATURE:  | 1-26-04 705-248-1943 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |