


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

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90011 042 \*\*\*\*61.25

**DOCUMENT # N93000003379**

1. Entity Name  
**MARY CRAIG MINISTRIES, INC.**



Principal Place of Business  
 114 E. MCNAB RD.  
 POMPANO PLAZA  
 POMPANO BEACH, FL 33060

Mailing Address  
 5991 NORTHEAST 18TH TERRACE  
 FORT LAUDERDALE, FL 33308

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01082004 Chg-NP CR2E037 (10/03)

4. FEI Number  
 65-0429517 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CRAIG, W J**  
 5991 NORTHEAST 18TH TERRACE  
 FORT LAUDERDALE, FL 33308

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 *Rev. Walter J. Craig* **Rev. Walter J. CRAIG** 1/9/04  
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

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 CRAIG, MARY 5991 NE 18TH TERRACE FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rev. Walter J. CRAIG 5991 NE 18TH Terrace Ft. Lauderdale, FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS CLANTON, JACKIE 2826 S.W. 176 TERRACE MIRAMAR, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Betty L. Dunkum, Esq. 4452 Lake Tahoe Drive West Palm Beach, FL 33409 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, DR. MARK 3440 NE 11 TERR. POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Hokanson Jr. 3000 Spout Run. Pkwy Apt B605 Orlinton, VA 22201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CRAIG, JOANNA L 3017 S COLUMBUS ST A1 ARLINGTON, VA 22206 <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 BARLOW, WANDA CPA 8246 NW 16 STREET CORAL SPRINGS, FL <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 MURRAY, MARCIA 3711 NE 12 TERR. POMPANO BEACH, FL 33064 <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: *Rev. Walter J. Craig* **Rev. Walter J. CRAIG** 1/9/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

954-491-7270