

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL 22 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002894

1. Entity Name
SELF AND WORLD RECOVERY MISSION, INC.



Principal Place of Business
4420 S.W. 88TH AVENUE
MIAMI, FL 33165

Mailing Address
PO BOX 651099
MIAMI, FL 33265



XRC
9/22

2. Principal Place of Business

8955 SW 56 ST
Suite, Apt. #, etc.
MIAMI
FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

06232004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2292298

Applied For
Not Applicable

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

Zip 33165 Country

Zip Country

6. Name and Address of Current Registered Agent

VIANS, JANIRAH
4420 S.W. 88TH AVENUE
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable)
8955 SW 56 ST
City MIAMI FL Zip Code 33165

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 September 8, 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

TITLE PD
NAME VIANS, JANIRAH
STREET ADDRESS 4420 S.W. 88TH AVENUE
CITY-ST-ZIP MIAMI, FL 33165 ☐ Delete

TITLE TD
NAME PELLON, ESTHER
STREET ADDRESS 2200 SW 97TH AVENUE
CITY-ST-ZIP MIAMI, FL 33165 ☐ Delete

TITLE SD
NAME RODRIGUEZ, LAURA
STREET ADDRESS 400 SQUAWCREEK RD.
CITY-ST-ZIP LYMPIC VALLEY, CA 96146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME vians Jani RAH
STREET ADDRESS 8955 SW 56th St.
CITY-ST-ZIP Miami, FL. 33165 ☒ Change ☐ Addition address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200039442692
07/23/04--01001--006 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 19th 2004

Date

786-301-753

Daytime Phone #