2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N94000006201

Entity Name: SCARLETT CORD MINISTRIES, INC.

Current Principal Place of Business:

5920 N.W. 16 PLACE, APT. 2
SUNRISE, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

5920 N.W. 16 PLACE, APT. 2
SUNRISE, FL 33313 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOYLE, PHIL
2441 NE 22 AVE
LIGHTHOUSE POINT, FL 33064 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:	CURRIE, MYRNA L	
Address:	5920 N.W. 16 PLACE, APT. 2	
City-St-Zip:	SUNRISE, FL 33313 US	
Title:	SD	( ) Delete
Name:	AMIGO, IDALIA	
Address:	3215 NW 104 TER	
City-St-Zip:	SUNRISE, FL	
Title:	T	( ) Delete
Name:	DOYLE, CAROL	
Address:	2441 NE 22 AVE	
City-St-Zip:	LIGHTHOUSE, FL 33064	
Title:	D	( ) Delete
Name:	HARDY-WILLIAMS, ARLENE	
Address:	1329 NW 8 AVENUE	
City-St-Zip:	FORT LAUDERDALE, FL 33311	
Title:	M	( ) Delete
Name:	PHILLIPS, OLIVER	
Address:	4724 NW 4 STREET	
City-St-Zip:	PLANTATION, FL 33317	

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:	
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: MYRNA LOY CURRIE PD 04/30/2004
Electronic Signature of Signing Officer or Director — Date