

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

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90035 006 ****61.25

DOCUMENT # N95000000575

1. Entity Name
NADIA'S LIGHT AND HELP MINISTRIES, INC.



Principal Place of Business
**MANSOURIA INSTITUTE
MANSOURIA
LEBANON,**

Mailing Address
**1128 ROYAL PALM BEACH BLVD
#136
ROYAL PALM BEACH, FL 33411**



07152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0664006

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LAWAND, NADIA A
1128 ROYAL PALM BEACH BLVD., #136
ROYAL PALM BEACH, FL 33411**

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LAWAND, NADIA A
1128 ROYAL PALM BEACH BLVD., #136
ROYAL PALM BEACH, FL 33411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**OD
MOORE, ROY
P.O. BOX 367 N/A
WASHINGTON, NC 27889**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LAWAND, TANYA C
13440 NORTH 44TH STREET
PHOENIX, AZ 85032**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Nadia Lawand (Nadia's Light & Help) 21 July 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRINT: *Nadia LAWAND*

Ministries Date Daytime Phone #

TEL 561-790-2650