

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000001043

1. Entity Name
**REACHING THE UNREACHED THROUGH THE WORD
AND PRAYER, CORP.**



Principal Place of Business
**2030 NW 195TH STREET
OPA LOCKA, FL 33056 US**

Mailing Address
**PO BOX 694754
MIAMI, FL 33269 US**



04152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0583665** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUGGAN, MAVIS R
2030 NW 195TH STREET
OPA LOCKA, FL 33056**

**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 rechartering)

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**

1100000124681
04/22/04-80053-014 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARRETT, SANDRA
13097 SW 49TH CT.
HOLLYWOOD, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DUGGAN, DONNETTE
3616 SW 68TH LANE
MIRAMAR, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DUGGAN, ISHBELL
3616 SW 68TH LANE
MIRAMAR, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWN, RICARDO
6805 SW 20TH ST
MIRAMAR, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DUGGAN, FEDERICK
165 NW 197TH ST
MIAMI, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARRETT, NOEL
13097 SW 49TH COURT
HOLLYWOOD, FL 33027**

**DO NOT WRITE
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)(f), 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:

Mavis Duggan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19th 2004 *305-6262570*
Date Daytime Phone #