

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

DOCUMENT# N95000003001

**FILED  
Apr 24, 2004  
Secretary of State**

**Entity Name:** LAST DAY DELIVERANCE FOR ALL PEOPLE MINISTRIES, INC.

**Current Principal Place of Business:**

16331 N.W. 37TH PLACE  
OPA-LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

16331 N.W. 37TH PLACE  
OPA-LOCKA, FL 33054

**New Mailing Address:**

**FEI Number:** 65-0662192      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENJAMIN, CYNTHIA  
16331 N.W. 37TH PLACE  
OPA-LOCKA, FL 33054      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: DAWKINS, JAMES W SR  
Address: 1630 NW 153RD STREET  
City-St-Zip: OPA-LOCKA, FL 33054

Title: SD      ( ) Delete  
Name: DEAN, EDITH Q  
Address: 11840 NE 19TH DRIVE APT 25  
City-St-Zip: NORTH MIAMI, FL 33181

Title: TD      ( ) Delete  
Name: DAWKINS, JANICE  
Address: 1630 NW 153RD STREET  
City-St-Zip: OPA-LOCKA, FL 33054

Title: D      ( ) Delete  
Name: BENJAMIN, CYNTHIA  
Address: 16331 NW 37TH PLACE  
City-St-Zip: OPA-LOCKA, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD      (X) Change ( ) Addition  
Name: ROSS, JENNIFER T  
Address: 16175 NW 186 ST. BLDG 7 APT 102  
City-St-Zip: HIALEAH, FL., FL 33015

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: JENNIFER T. ROSS

SD

04/24/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date