2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004
Secretary of State

DOCUMENT# N96000003082

Entity Name: CALL TO ACTION: SOUTH FLORIDA, INCORPORATED

Current Principal Place of Business:

CTA CHURCH GROUP
2900 N A1A SUITE 7-C
NO HUTCHINSON ISLAND, FL 34949 US

New Principal Place of Business:

Current Mailing Address:

CTA CHURCH GROUP
2900 N A1A SUITE 7-C
NO HUTCHINSON ISLAND, FL 34949 US

New Mailing Address:

FEI Number: 65-0678885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADLER, SHIRLEY
2900 N A1A
7-C
NO HUTCHINSON ISLAND, FL 34934 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:	D	( ) Delete
Name:	SHARIS, JOAN	
Address:	1270 26 TERR.	
City-St-Zip:	POMPANO BEACH, FL 33062	
Title:	D	( ) Delete
Name:	MCGOVERN, JOHN	
Address:	2620 SPICEBERRY LANE	
City-St-Zip:	BOYNTON BEACH, FL 33406	
Title:	S	( ) Delete
Name:	STREET, JOHN	
Address:	3003 SW 15 CT	
City-St-Zip:	FT LAUDERDALE, FL	
Title:	VP	( ) Delete
Name:	CHOMAS, STEPEN	
Address:	624 ANTIOCH AVE. #1	
City-St-Zip:	FT. LAUDERDALE, FL 33304	
Title:	PT	( ) Delete
Name:	ADLER, SHIRLEY	
Address:	2900 N A1A -7-C	
City-St-Zip:	NO HUTCHINSON ISLAND, FL 34949	

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: SHIRLEY ADLER MS. 01/29/2004
Electronic Signature of Signing Officer or Director — Date