2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 25, 2004 8:00 am Secretary of State DOCUMENT # N96000005072 1. Entity Name 03-25-2004 90017 037 ****70.00 MISSIONS OF GOD, INC. Principal Place of Business Mailing Address 19711 SW 117 CT 19711 SW 117 CT 54022314 MIAMI FL 33177 MIAMI FL 33177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FFI Number NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERGUSON, ALVA Street Address (P.O. Box Number is Not Acceptable) 19711 SW 117 CT **MIAMI FL 33177** Zip Code City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ASSITANT PASTOR & TRASURE TITLE ☐ Addition ☐ Delete TITLE Gloria 3 pence 2351 Nug2St FERGUSON, ALVA NAME NAME 19711 SW 117 CT STREET ADDRESS STREET ADDRESS MIAMI FL 33177 33147 CITY-ST-ZIP CITY-ST-ZIP mami TITLE ☐ Delete TITLE ☐ Change ☐ Addition FERGUSON, WELLINGTON NAME NAME 19711 SW 117 CT STREET ADDRESS STREET ADDRESS **MIAMI FL 33177** CITY-ST-ZIP CITY-ST-ZIP חד Delete TITLE TITLE Change ☐ Addition SPENCE: GLORIA: NAME NAME 2351 NW 92ND ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33147** CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition FERGUSON, SHERELLE NAME NAME 19711 SW 117 CT STREET ADDRESS STREET ADDRESS **MIAMI FL 33177** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DAVIS, CHARMAINE NAME NAME 2351 NW 92ND ST STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition LANDREA, MABLE NAME NAME 19711 SW 117 CT STREET ADDRESS STREET ADDRESS MIAMI FL 33177 CITY-ST-ZIP CITY-ST-ZIP 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.

won

Dale

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: .

FILED