


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90143 005 ****61.25

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| DOCUMENT # N97000001298 | |  |
| 1. Entity Name CHRISTIAN ASSEMBLY MINISTRIES, USA., INC. | | |

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|--|--|
| Principal Place of Business 7800 66TH ST N 301 PINELLAS PARK, FL 33781 US | Mailing Address 7800 66TH ST N 301 PINELLAS PARK, FL 33781 US |
|--|--|

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04122004 No Chg-NP CR2E037 (10/03)

| | |
|---|-------------------------------|
| 4. FEI Number 59-3436724 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

CURTIS, ANDREW REV.
 5826 PATRICK COURT
 CLEARWATER, FL 33760

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | D |
| NAME | HICKS, GAYLA |
| STREET ADDRESS | 6931 52ND AVENUE NORTH |
| CITY-ST-ZIP | PINELLAS PARK, FL 33781 |
| TITLE | D |
| NAME | ANDREW, SHIRLEY |
| STREET ADDRESS | 5826 PATRICK CT |
| CITY-ST-ZIP | EAST CLEARWATER, FL 34620 |
| TITLE | D |
| NAME | SCOTT, ALICIA A |
| STREET ADDRESS | 200 78TH AVE N APT 3-58 |
| CITY-ST-ZIP | ST PETERSBURG, FL 33702 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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  **President** **4/26/04** **727-530-5649**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #