

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000001874

1. Entity Name
MASIHI MEDIA MINISTRY CHURCH, INC.



Principal Place of Business
**705 BUSBEE AVENUE, STE. B
APOPKA, FL 32703 US**

Mailing Address
**PO BOX 607358
ORLANDO, FL 32860-7358 US**



04062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3444259

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CALEB, BENEDICT
705 BUSBEE AVE STE B
APOPKA, FL 32703**

**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 _____ 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, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALEB, BENEDICT D REV. 705 BUSBEE AVE STE. B APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCAMBRIDGE, HAROLD 7519 FOREST CITY RD ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PASTORE, MILDRED 147 GOLF CLUB DRIVE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANYANWA, ALFONS O 6500 FOREST CITY RD ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/14/05-80079-003 61.25

**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: Benedict D. Caleb **BENEDICT D. CALEB** 4-5-05 407-886-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #