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

Jun 14, 2004 8:00 am **Secretary of State DOCUMENT # N97000004197** 1. Entity Name 06-14-2004 90004 029 ****61.25 LAKE PIERCE FISHERS' OF MEN MINISTRIES, INC. Principal Place of Business 2 Mailing Address 2930 HUGGINS RD 2930 HUGGINS RD **74077376** LAKE WALES FL 33853 LAKE WALES FL 33853 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3653043 Not Applicable Zip Country 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 HUGGINS, PAUL D Street Address (P.O. Box Number is Not Acceptable) 2942 HUGGINS ROAD LAKE WALES FL 33853 City Zip Code 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 garegistered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition HUGGINS, PAUL NAME NAME 2942 HUGGINS RD STREET ADDRESS STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition HUGGINS, BARBARA NAME NAME 2942 HUGGINS RD STREET ADDRESS STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP CITY-ST-7IP MONIZ, ERIC, JR -14619 Potanow It ☐ Delete TITLE Addition TITLE MONIZ, ERIC JR NAME NAME 2942 HUGGINS RD STREET ADDRESS STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS 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 attagment with an address, with all other like empowered.

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