2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N97000004370



FILED May 03, 2004 8:00 am

W.J. GAS	SKINS MINISTRIES, INC.							tary (04 90713 0		
Principal Place of Business 210 N.W. 6TH AVE. FT. LAUDERDALE, FL 33311-9152 Mailing Address 210 N.W. 6TH AV FT. LAUDERDALE				33311-9	152		iii 1881) Beni Sein Se	ın Kö ni Ba nı B y bla		112; 8 1 1 7 1
2. Principal F	Place of Business	3. Mailing	g Address							
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			04182004	Chg-NP	CR2E037	(10/03)	
City & State		City 8	City & State			4. FEI Number Applied For NOT APPLICABLE Not Applied For				
Zip	Zip Country		Zip Cou		ntry	5. Certificate of Status Desired S8.75 Add Fee Required		itional I		
	6. Name and Address of Curre	nt Registered	Agent			7. Name and A	dress of New F	Registered Age	ent	
GASKINS 210 N.W. FT. LAUD					Name Street Address (P.O. Box Number i	s Not Acceptabl	e)		
					City	······································		FL	Zip Code	
the obliga	e named entity submits this statement ations of registered agent.	t for the purpos	e of changing its	registere	ed office or registe	red agent, or both,	in the State of Fl	orida. I am fan	niliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applica	tole. (NOTI	E: Registered	Agent signature required	d when reinstating)		DATE		
SIGNATURE		ent and title if applica	9, Election Car Trust Fund C	mpaign F	inancing	\$5.00 May Be Added to Fees		DATE Aake check p rida Departm		
10.	Signature, typed or printed name of registered ago Filling Fee is \$61.25		9. Election Car	mpaign F	inancing on.	\$5.00 May Be	Flo	flake check p rida Departm	ent of St	ate
	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND I DP GASKINS, W.J.	DIRECTORS	9. Election Car	mpaign F Contributi 11. TITLE NAMI	inancing on.	\$5.00 May Be Added to Fees	Flo	fiske check p rida Departm	ent of St	ate
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12. I hereby certify that the information supplied with this filling does not quality 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:

UL DUIL INTEDNAME OF SIGNING OFFICER OR DIRECTOR