


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90008 003 ****61.25

DOCUMENT # N97000007029 1. Entity Name S.C. MATHIS FOUNDATION GROUP INC.			
Principal Place of Business 3520 NW 84 TERR HOUSE MIAMI, FL 33145		Mailing Address 3520 NW 84 TERR HOUSE MIAMI, FL 33145	
2. Principal Place of Business 295 NW 95 STREET Suite, Apt. #, etc.		3. Mailing Address 295 NW 95 STREET Suite, Apt. #, etc.	
City & State Miami FL Zip 33150 Country USA		City & State Miami FL Zip 33150 Country USA	
4. FEI Number 65-0781437		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARSHALL, MATHIS 3520 NW 84 TERR HOUSE MIAMI, FL 33147		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 295 NW 95 STREET City Miami FL Zip Code 33150	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FD MARSHALL, MATTIE R 3520 NW 84 TERR MIAMI, FL 33147	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CARTER, KATHY V 3520 NW 84 TERR MIAMI, FL 33147	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JACKSON, KEDAR 3520 NW 84 TERR MIAMI, FL 33147	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCFO WARNER-BENSON, DOROTHY 3520 NW 84 TERR MIAMI, FL 33147	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MARSHALL, DARRYL 3520 NW 84 TERR MIAMI, FL 33147	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORROW, SYLVIA S 3520 NW 84 TERR MIAMI, FL 33147	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Mattie Marshall</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		9-8-04 (305) 691-0818 <small>Date Daytime Phone #</small>	

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