


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AB)

**FILED**  
**May 25, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90185 017 \*\*\*\*60.00  
05-25-2004 90003 028 \*\*\*\*10.00

<b>DOCUMENT # N98000000869</b>					
1. Entity Name <b>FAMILY WORSHIP CENTER MINISTRIES INTERNATIONAL INC.</b>					
Principal Place of Business <b>14551 CARVER DR., RICHMOND HEIGHTS MIAMI FL 33176</b>			Mailing Address <b>14551 CARVER DR., RICHMOND HEIGHTS MIAMI FL 33176</b>		
2. Principal Place of Business <i>CARVER DR. Richmond Heights</i>			3. Mailing Address <i>14551 CARVER DR</i>		
Suite, Apt. #, etc. <i>MIAMI</i>			Suite, Apt. #, etc. <i>MIAMI</i>		
City & State <i>MIAMI</i>			City & State <i>FL</i>		
Zip <i>33176</i>	Country <i>USA</i>	Zip <i>33176</i>	Country	4. FEI Number <b>65-0076986</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>FRASER, ALONSO REV 14551 CARVER DR. MIAMI FL 33176</b>			7. Name and Address of New Registered Agent Name: <i>ALONSO FRASER</i> Street Address (P.O. Box Number is Not Acceptable) <i>17525 SW 108 ST</i> <i>MIAMI</i> <i>FL</i> <i>33176</i> City State 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 of registered agent. SIGNATURE <i>Alonso Fraser</i> DATE <i>4/16/2004</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FRASER, ALONSO 14551 CARVER DR., RICHMOND HEIGHTS MIAMI FL 33176	<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	DVP FRASER, MELVA 17525 SW 108 CT. MIAMI FL	<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	DST GATES, HEATHER 8415 SW 208 TR. MIAMI FL	<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"/> 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"/> 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"/> Delete	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: <i>Alonso Fraser</i> DATE <i>4/16/2004</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					