


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000004169	
1. Entity Name FAMILIES IN CRISIS MINISTRIES INC.	

Principal Place of Business 8220 WILLOWWOOD STREET ORLANDO, FL 32818	Mailing Address 8220 WILLOWWOOD STREET ORLANDO, FL 32818
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04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3522673	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ADAMS, CLEVERICK M
8220 WILLOWWOOD STREET
ORLANDO, FL 32818

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 _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000152355 05/04/04-80083-008 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, CLEVERICK M 8220 WILLOWWOOD STREET ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TATE, ANDRE 5659 NOKOMIS CIRCLE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, WELLINGTON W PH 4708 MIRANDA CIRCLE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAULK, CORNELIUS 815 HATTERAS AVE. CLERMONT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JOSEPH MS 1779 CHRISTOPHER STREET WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, STEPHAN E PO BOX 620171 OVIEDO, FL 32762

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)(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: Cleverick Adams 4/30/04 (407) 445-9145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #