


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2004 8:00 am
Secretary of State

06-23-2004 90070 001 ****61.25
06-23-2004 90070 002 *****8.75

DOCUMENT # N98000004602					
1. Entity Name BEAUTIFUL BRANCH MINISTRIES INTERNATIONAL INC.					
Principal Place of Business 8734 GROVE TERRACE, #170 TEMPLE TERRACE, FL 33617			Mailing Address PO BOX 290132 TAMPA, FL 33687-0132		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
4. FEI Number 59-3519278					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75* Additional Fee Required					
6. Name and Address of Current Registered Agent AYANA AUGUSTINE, MYS 8734 GROVE TERRACE, #170 TEMPLE TERRACE, FL 33617			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 D NAME AUGUSTINE, AYANA MYS STREET ADDRESS 8734 GROVE TERRACE, #140 CITY-ST-ZIP TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete		TITLE NAME Sandra K. Russell STREET ADDRESS 507 Cross Creek Court CITY-ST-ZIP STANLEY MOUNTAIN, CA 94087	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME JACKSON, MERVELYN STREET ADDRESS 2819 CONNINTON DR CITY-ST-ZIP HEPZEBEH, GA 30815	<input checked="" type="checkbox"/> Delete		TITLE Director NAME VENICE KEYS STREET ADDRESS 688-66 street CITY-ST-ZIP OAKLAND, CA 94609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HENRY, JOAN M STREET ADDRESS #2-2 AVE NORTH GIMMIT CITY-ST-ZIP COMMONWEALTH OF DOMINICA,	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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>Mys Ayana Augustine</i>			06/23/04 813 906-1113		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		