FILE NOW: FILING FEE IS \$61.25

NONPROFIT	CILE NOW, FILING FEE 10 \$01.20			
	FLORIDA DEPARTMENT OF	STATE		
CORPORATION	Katherine Harris	. }		
ANNUAL REPORT	Secretary of State	{	FILED	
1 1999 DIVISION OF CORPO		ions (·	
		[19 AUG 18 Fil 2: 32	
DOCUMENT # NOS DOOR	しんけんし	{	1	C C
1. Corporation Name 1000 0000	70400		7.11.5	3741.2
51. Mary's Expressor chi	urch of Deerfield E	sead inc	· // // // 5	III A
or mando alorandon an		ļ		2111# 14
Principal Place of Business	Mailing Address	· ·		
417 S. DIKU Huy. P.D. BOX 8602				
Deerfield Beach. IL Deerfuld Beach. FL				
3344 3.8602		John M. M. Land	Aluna	
27147 27147		BIMM GOLULL DUU	\$101.75	
2. Principal Place of Business	2a. Mailing Address		3 Date incorporated or Qualifeu	
21	26		9/22/98	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22	27		65-0980272	Not Applicable
City & State City & State			5. Certificate of Status Desired	\$8.75 Additional
	28			Fee Required
Zip Country	Zip Country		6. Election Campaign Financing	\$5.00 May Be
24 25 Broward	29 30 310	word	Trust Fund Contribution 10. Name and Address of New Registered	Added to Fees
81 Name				
Kothyn M. Jakobein, Esq.				
[82] Street Address (P.O. Box Number is Not Acceptable)				
183				
Bounton Beach . FL 33426				
	84	City	Fi	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
!	is or, section of 1.0003, Florida statutes	.		1
SIGNATURE Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE Registered Age	ent signature required y	when reinstating) DATE	
12. OFFICERS AND	DIRECTORS 13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE Priest IL Change	DELETE 11 TITLE	Ve:	sky nember	
NAME The Rev. Nancy H. M	CONTROL TO 12 NAME	1 1723 -		Change Addition
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Indicated on this annual report or supplies with this iming upons not quality for the excellation indicated on this annual report or supplies man 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **

SIGNATURE: **

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMO OFFICER OR DIRECTOR

Degime Phone #