2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N99000000530

1. Entity Name



Aug 09, 2004 8:00 am Secretary of State 08-09-2004 90013 001 ****61.25

FILED

HAIIIAN	MISSIONARY	BAPTIST	CHURCH	OF I	LAKE
FOREST,	INC.				

Principal Place of Business Mailing Address 3610 S.W. 48 SAVE. HOLLYWOOD FL 33023 3011 SUNSHINE BLVD. MIRAMAR FL 33023

			•				III II III		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		м	IOORE (CR2E037 (4/04)			
City & State		City & State	City & State		4. FEI Number 65-0891887 Applied For Not Applicable				
Zip Country		Zip	Country	5. Certificate of S	Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name			· · · · · · · · · · · · · · · · · · ·			
FOURCAND, MARIE M			Stroot A	Street Address (P.O. Box Number is Not Acceptable)					
301	3011 SUNSHINE BLVD.			Stiget Address (P.O. Box Number is Not Acceptable)					
MIRAMAR FL 33023					 				
			City			FL Zip Code	e .		
P. The above	named entity submits this statement for	r the oursess of abonding its	raciatorad office o	ragistared agent, or both, in	the State of Florid		and pagent		
	tions of registered agent.	r the purpose or changing its	registered onice o	r registered agent, or both, it	Tine State of Frond	a. i am iamiliar with,	and accept		
1	Alta	<i>.()</i>				8-3-04			
SIGNATURE	Signature, typed or printed name of registered agent a	and tale of any Ecobie (NOT	F. Pagistand Apparational	ure required when reinstating)		0-2-07			
Tenggapangan pang Maga	Signature, typed or printed name of registered agent a	and the inapplicable. (NO)	E. negistereb Ageni signal	ure required when reinstating)	Language consequences are	DATE			
a valada	FILE NOW: FEE IS \$61.25	9 Flection Car	mpaign Financing	\$5.00 M	Make	Check Payable			
Due By September 8, 2004 Trust Fund Contribu			. •	\$5.00 May Be Added to Fees	and the second s	Department of S	the second of the second		
					2.5 Car 2.5 E	e de la resta de la composición de la c La composición de la			
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANG	SES TO OFFICERS	AND DIRECTORS IN	10		
TITLE	D	☐ Delete	SITTLE	<u> </u>		☐ Change	Addition		
NAME	FOURCAND, JEAN		NAME						
STREET ADDRESS	3011 SUNSHINE BLVD MIRAMAR FL 33023	,	STREET ADDRESS						
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP .						
TITLE	S LEOF DC AND AND EN	Delete	TITLE			Change	Addition		
NAME	FOURCAND, MARIE M 3011 SUNSHINE BLVD		NAME						
STREET ADDRESS CITY-ST-ZIP	MIRAMAR FL 33023	*	STREET ADDRESS CITY-ST-ZIP	2.7.22					
	<u> </u>						(77.4.1.11)		
TITLE NAME	D FOURCAND, JEAN RYDY	Delete	TITLE NAME	Jean Rud) 3011 Sunshi	, Fourran	d Change	Addition		
STREET ADDRESS	3011 SUNSHINE BLVD		NAME STREET ADDRESS	3011 SUAShi	ne Blud		ļ		
CITY-ST-ZIP	MIRAMAR FL 33028	and the second s	CITY-ST-ZIP	Mira mar	C1 32	~7 S	• •		
TITLE	T	☐ Delete	TITLE	IN KU (INC.IN	-EA 35	Change	☐ Addition		
NAME	FOURCAND, VALERIE	LI Delete	NAME			L. Griginge	L Addition		
STREET ADDRESS	3011 SUNSHINE BLVD		STREET ADDRESS			•			
CITY-ST-ZIP	MIRAMAR FL 33023		CITY-ST-ZIP)					
TITLE	T y	☐ Delete	TITLE			Change	☐ Addition		
NAME	FOURCAND, RACHELLE	ET Deserte	NAME	,		L_1 ontainge	/sumpor		

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS 3011 SUNSHINE BLVD

MIRAMAR FL 33023

☐ Delete

Addition