## ANNUAL REPORT

## **DOCUMENT # N99000000947**

1. Entity Name
BISHOP JOHN W. SNELL MINISTRIES, INC.



Principal Place of Business

**181 VERMONT AVE** 

FT LAUDERDALE, FL 33312

Mailing Address

**181 VERMONT AVE** 

FT LAUDERDALE, FL 33312

**FILED** Aug 30, 2004 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

08232004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 31-1688632

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

SNELL, JOHN W **181 VERMONT AVE** FT LAUDERDALE, FL 33312

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent.	urpose of changing its registered	d office or re	gistered agent, or t	both, in the State of Florid	a. I am familiar with, and a	scept
SIGNATURE_	Kittis Ot registered agent. Signature, typed or printed name of registered agent and tible	f app/icable. (NOTE: Bagistered	Agent signature	equired when reinstaling)		DATE	-
		Election Campaign Financ Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	000000171	081 02-003 70 00	
10.	OFFICERS AND DIREC	TORS	a karangan dan dan dan dan dan dan dan dan dan d				**************************************
TITLE NAME STREET ADDRESS CRY-ST-ZIP	PD SNELL, JOHN W 181 VERMONT AVE FT LAUDERDALE, FL 33312						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASTEN, CYNTHIA 4600 NW 49TH CT TAMARAC, FL 33319						
TITLE NAME STREET ADDRESS GRY-ST-ZIP	TD SNELL, LOUISE 181 VERMONT AVE FT LAUDERDALE, FL 33312			D	NOT WI	317 <b>E</b>	
TITLE NAME STREET ADDRESS CRY-ST-ZIP					THIS SP	<b>NCE</b>	
TITLE NAME STREET ADDRESS CRY-ST-ZIP							
TITLE NAME STREET ADDRESS							

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 celtr, 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.

CITY-ST-ZIP