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

## Feb 13, 2004 08:00 AM DOCUMENT # N99000003118 **Secretary of State** 1. Entity Name ASSEMBLIES OF YAHSHUA'S DISCIPLES, INC. Mailing Address Principal Place of Business 1834 NW 83RD STREET 1834 NW 83RD STREET MIAMI FL 33147 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State 4. FFI Number City & State 65-1062052 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GORDON, LINTON Street Address (P.O. Box Number is Not Acceptable) 1834 NW 83RD STREET MIAMI FL 33147 Zip Code City 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Pavable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Change ☐ Addition TITLE ☐ Delete ROSE, KENNETH U00000049993 NAME NAME 6909 GISELA ST. 02/13/04-80045-016 61.25 STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL CITY-ST-ZIP CATY - ST - ZIP Change ☐ Delete TITLE ☐ Addition TITLE HOOD, MAUD NAME NAME 2162 NW 92ND STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33317 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Defete NORTON, PETER NAME NAME 916 CAROLINE AVE STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33413 CITY - ST-ZIP COV.ST.ZIP ☐ Change Addition TITLE ☐ Delete GORDON, GRITEL NAME NAME 1834 NW 83RD STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33147 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE PLUMMER, ANGELO NAME NAME 916 CAROLINE AVE STREET ADDRESS STREET ADDRESS W PALM BEACH FL 33413 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE HOOD, YONIQUE NAME NAME 2050 N CONGRESS AVE STREET ADDRESS STREET ADDRESS W PALM BEACH FL 33401 CITY-ST-ZIP City-St-ZiP

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

Date

Davime Phone #

ME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE