

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

**FILED**  
**Jun 28, 2004 8:00 am**  
**Secretary of State**

06-28-2004 90009 018 \*\*\*\*70.00

<b>DOCUMENT # N99000003680</b>	
1. Entity Name RAY OF HOPE OUTREACH MINISTRIES, INC.	



Principal Place of Business 1035 S.W. 49TH TERR. MARGATE FL 33068	Mailing Address P.O. BOX 938745 MARGATE FL 33093
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MOORE CR2E037 (4/04)

2. Principal Place of Business 8411 Lagos Del Campo Blvd P.O. Box 938745 Suite, Apt. #, etc. Apt Bldg. 4 #208		3. Mailing Address P.O. Box 938745 Suite, Apt. #, etc.	
City & State Tamarac, FL	City & State Margate, FL	Zip 33321	Zip 33093
Country USA	Country USA		

4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEMONTAGNAC, MERANDA 1035 S.W. 49TH TERR. MARGATE FL 33068	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: Meranda Demontagnac, President DATE: 6/22/04 (NOTE: Registered Agent signature required when reinstating)	
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FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMONTAGNAC, MERANDA 1035 S.W. 49TH TERR. MARGATE FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBOD FLAKES, WILLIAM L 2610 NW 16TH STREET FT LAUDERDALE FL 33310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lloyd Grant 1 CBOD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6331 SW 5th St Margate, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYONS, DOROTHY 2670 NW 68TH TERRACE MARGATE FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POOLE, DIANE 1913 SW 5TH STREET FORT LAUDERDALE FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gennia Sullivan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2017 NW 46th Ave, #A404 Lauderhill, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ester Grant <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6331 SW 5th St Margate, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Meranda Demontagnac (954) 687-2443 6/22/04	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR