



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90031 037 ****70.00

DOCUMENT # N99000003711					
1. Entity Name MIAMI DISTRICT CAMPUS MINISTRY, INC.					
Principal Place of Business 1210 STANFORD DRIVE UNIV. OF MIAMI CORAL GABLES, FL 33146		Mailing Address P.O. BOX 248225 CORAL GABLES, FL 33124		<p style="text-align: right;">34040013</p>  <p>03222004 Chg-NP CR2E037 (10/03)</p>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0782461	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
MCINTOSH, DELANO M REV WESLEY FOUNDATION UNIV. OF MIAMI 1210 STANFORD DRIVE MIAMI, FL 33146				7. Name and Address of New Registered Agent	
				Name <i>Rev. Marcus P. Zillman, II</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>Wesley Foundation University of Miami 1210 Stanford Drive</i>	
				City <i>Coral Gables</i>	FL Zip Code <i>33146</i>
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 <i>M.P. Zillman II</i>		<i>Rev. Marcus P. Zillman, II</i>		DATE <i>3/22/04</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, POLLY 5851 SW 87TH ST. SOUTH MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom Nelson 6565 Red Road Coral Gables, FL 33143 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CALDWELL, MARK 14800 NW 67TH AVE. MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAKER, EDWARD 615 GONDOLIERE AVE. CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILYARD-INGRAHAM, GERALDINE 744 SW 2ND PLACE DANIA, FL 33004 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JARRETT, GERTRUDE MS 17037 NW 66 CT HIALEAH, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, MARTA 5275 SUNSET DR. MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <i>M.P. Zillman II</i>		<i>Rev. Marcus P. Zillman, II</i>		DATE <i>3/22/04</i> (305)284-1920	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	