


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000005489	
1. Entity Name ETERNAL MISSION, INC.	

Principal Place of Business 6845 SW 64 ST MIAMI, FL 33143	Mailing Address 6845 SW 64 ST MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE



02112004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0950079	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
COLBERT, KAREN 6845 SW 64 ST MIAMI, FL 33143	

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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 _____
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	U000000088627 03/15/04-80058-017 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORTIZ, ROSEMARIE 7231 SW 140 AVE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLBERT, KAREN 4465 SW 14 ST. MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOPER, MARGARITA 10800 SW 123 ST MIAMI, FL 331764635
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 persons empowered.

SIGNATURE: Karen A. Colbert Karen A Colbert 2/14/04 (305) 740-998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #