2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006383

FILED Sep 08, 2004 Secretary of State

Entity Name: SOUTH DADE HAITIAN UNITED METHODIST MISSION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
605 SW 6 HOMESTE	TH AVE EAD, FL 33030)		
Current Mailing Address:		New Mailing Address:		
PO BOX 9 HOMESTE	00774 EAD, FL 33090	ı		
FEI Number	: 65-1021496	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
	STEVEN D			
	6TH STREET EAD, FL 33030	US		
HOMESTE	EAD, FL 33030		ourpose of changing its registere	ed office or registered agent, or both,
HOMESTE	EAD, FL 33030 e named entity s e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
HOMESTE The above in the State	EAD, FL 33030 e named entity s e of Florida. RE:			ed office or registered agent, or both, Date
HOMESTE The above in the State SIGNATUI	EAD, FL 33030 e named entity s e of Florida. RE:	submits this statement for the particles in the particle in the particles in the particle in the particles i	ent	
HOMESTE The above in the State SIGNATUI	e named entity se of Florida. RE: Electron S AND DIREC	ic Signature of Registered Age TORS: Delete MANUEL AVENUE	ent	Date
HOMESTE The above in the State SIGNATUE OFFICER Title: Name: Address:	e named entity se of Florida. RE: Electron S AND DIREC TT () MARCEUS, EM 605 S.W. 6TH A HOMESTEAD, F	ic Signature of Registered Age TORS: Delete MANUEL AVENUE FL 33030 Delete DU AVENUE	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCEUS EMMANUEL CHAI 09/08/2004