

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000007515**

1. Entity Name  
DEVEAUX MINISTRIES, INC.



Principal Place of Business  
10710 S.W. 222ND DR.  
MIAMI, FL 33170

Mailing Address  
10710 S.W. 222ND DR.  
MIAMI, FL 33170



09132004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0984221**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DEVEAUX, GLENROY  
10710 S.W. 222ND DR.  
MIAMI, FL 33170

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000172266

09/15/04-80001-015 61.25

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>DEVEAUX, GLENROY<br>10710 S.W. 222ND DR.<br>MIAMI, FL 33170 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>DEVEAUX, TIMOTHY<br>16100 S.W. 102ND AVE<br>MIAMI, FL 33157 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>DEVEAUX, DENICE<br>10710 S.W. 222ND DR<br>MIAMI, FL 33157   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>BETHEL, YVONNE<br>751 N.W. 74TH ST<br>MIAMI, FL 33150       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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IN THIS SPACE**

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

*GLENROY DEVEAUX*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9-10-04*  
Date

*305.255-2798*  
Daytime Phone #