2002 UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2002 8:00 am § Secretary of State **DOCUMENT # 744104** 1. Entity Name 03-20-2002 90061 001 ****61.25 JESUS HOUSE OF FAITH, INC. Mailing Address Principal Place of Business 1520 N.W. 17TH PLACE 1520 N.W. 17TH PLACE POMPANO BEACH FL 33069-1613 POMPANO BEACH FL 33069-1613 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WASHINGTON, BERNICE 315 N.W. 9TH AVENUE, #145 FT. LAUDERDALE, FL. FL 33311 City Zip Code 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW: FEE IS \$61.25** П Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition (9/01) ☐ Delete TITLE TITLE NAME NAME WASHINGTON, BERNICE STREET ADDRESS STREET ADDRESS 315 N.W. 9TH AVE. #145 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition Change Delete TITLE NAME PRIESTER, ERICA STREET ADDRESS STREET ADDRESS 1850 N.W. 33RD AVENUE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Change Addition ☐ Delete TITLE WILLIAMS, DESSIE NAME STREET ADDRESS STREET ADDRESS 1296 N.W. 30TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR RECTOR

3/7/2009 954-467-134