NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 29, 2002 8:00 am
Secretary of State
09-29-2002 90016 002 ****61.25
09-29-2002 90016 001 *****8.75

DOCUMENT # N00000004065

1. Entity Name
INTOUCH MINISTRIES CHURCH of GOD, INC

DO NOT WRITE IN THIS SPACE

99937

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4959 N. State Rd 7	Same.
Suite, Apt. #, etc. B.	Suite, Apt. #, etc.
City & State TAMARAC. FL.	City & State
Zip 33319 Country	Zip Country

4. FEI Number 65-1017556 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MERVYN C. JORDAN

Street Address (P.O. Box Number is Not Acceptable) 1951 Lyons Road

City Coconut Creek FL Zip Code 33063.

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 M. C. Jordan 9/26-02.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE P NAME Mervyn C. Jordan STREET ADDRESS 1951 Lyons Road CITY-ST-ZIP Coconut Creek, 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Roger K. Jordan STREET ADDRESS 1951 Lyons Road CITY-ST-ZIP Coconut Creek FL. 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Hycinth Douglas STREET ADDRESS 1951 Lyons Road CITY-ST-ZIP Coconut Creek, FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE M. C. Jordan 9/26-02. 954-968-9382.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #