2003 NOT-FOR-PROFIT CORPORATION

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DOCUMENT # N0000004065 /									Secretary of State 04-07-2003 90143 026 ****75.00				
INTOUCH MINISTRIES CHURCH OF GOD, INC.													
Principal Place	ce of Busines	s		Mailing Add				_	II.				
B TAMARAC FL 33319				B TAMARAC FL 33319									
2. Principal Place of Business 4459 N. State 4d 7				3. Mailing Address Jase Ld 7			2						
Suite, Apt. #, etc.				Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State TAMAROR FL.			City & State TAM ONCO			74	_	4. FEI Number	5-10175	-1017556 Applied For Not Applicable			
Zip 35	33/9	Beo	WORD	Zip 35	319	Pount		æ)	5. Certificate of S	itatus Desire	d 🔲	\$8.75 Add	ditional
	6. Name	and Address	of Current R	egistered Age	nt				7. Name and Add	dress of Ne	w Registered	Agent	
IODDANI NIEDVANI C							Name 					·	
JORDAN, MERVYN C 1951 LYONS ROAD							Street Addr	ddress (P.O. Box Number is Not Acceptable)					
	UT CREEK F	FL 33063											
	-						City				FL	Zip Cod	e
3. The above	named entity	y submits this	statement for	the purpose of	changing its r	egistered	office or re	gistere	ed agent, or both, in	the State of			and accept
	tions of regist				•	•		•					` {
, RIGNATURE	\checkmark		<u> </u>										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
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FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Con						-			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
0.		OFFICE	RS AND DIRE	CTORS	 -	11.		A	DDITIONS/CHANG	ES TO OFF	CERS AND DI	RECTORS IN	110
ITLE	PD				Delete	TITLE						☐ Change	Addition
AME		MERVYN C				NAME							
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AME	JORDAN,				- 2000	NAME	.]					_ •	_]
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ITY-ST-ZIP	11	~~~ n	<u>~ 333</u>	12 0	1318	CITY-ST	- ZIP						
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AMÉ	1					NAME	ADDECO						{
TREET ADDRESS						STREET A							

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.

SIGNATURE: \(\)