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

DOCUMENT # 1/ 02 00000/648 **Secretary of State** 06-24-2004 90078 011 ****61.25 -BE Diligent MinistRiES Inci DO NOT WRITE IN THIS SPACE 54058640 2. Principal Place of Business 3. Mailing Address 2019 E. 149Th. AvE. 2019 E. 149 Th. AUE. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For urzhUTZ, 03-0425-369 Not Applicable Country Hills. \$8.75 Additional 5. Certificate of Status Desired 33549 Fee Required 7. Name and Address of Current Registered Agent REV. MIGUEL A. VELAZQUEZ DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 2019 E. 149Th. AVE. Lutz, FLA. <u> 3</u>3549 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. 6/14/04 longure, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FEE IS \$61.25 Trust Fund Contribution. initial or Amended UBR Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. CR2E037B (12/02 TITLE TITLE REV. Miguel A. VElazquez 2019 E. 149 Th. Ave. Lutz, Fla. 33549 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP REV. Roberto Layes TITLE 1331 Salt Clay Ct. Wesley Chapel, Flg. 33543 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Mis. Vilma I. Garcia 19411 Dove Road -Lond-O' Lakes, Fl. 34639 TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

FILED

Jun 24, 2004 8:00 am

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 supplimental 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, without other like empowered

SIGNATURE:

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