5/2/2003-90748-034-$70.00-$70.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 27 PM 4:51

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000004708

1. Entity Name
MISSION: INTERNATIONAL ARTISTIC EXPRESSIONS MINISTRIES, INC.

Principal Place of Business	Mailing Address
4629 PIMLICO DR TALLAHASSEE, FL 32309	4629 PIMLICO DR TALLAHASSEE, FL 32309

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 61-1424-594 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIMMONS, ALICE D 4629 PIMLICO DR TALLAHASSEE, FL 32309	Name: James L. Simmons, Director Street Address (P.O. Box Number is Not Acceptable): 4629 Pimlico Drive City: Tallahassee, FL Zip Code: 32309

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: James L. Simmons — April 30, 2003

Signature, type or print name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when changing) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, JOHN P.O.BOX 6153 TALLAHASSEE, FL 32314	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMMONS, ALICE D 4629 PIMLICO DR TALLAHASSEE, FL 32309	☒ Delete	Director Jacobs, Ennis Leon 2901 Falling Waters Way Tallahassee, FL 32309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMMONS, JAMES L 4629 PIMLICO DR TALLAHASSEE, FL 32309	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KIRKSEY, KAREN P.O.BOX 7681 TALLAHASSEE, FL 32314	☒ Delete	Secretary Glenn, Mildred E. P. O. Box 6704 Tallahassee, FL 32314-6704	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CRAWFORD, MAXINE L 3076 N FULMER CIR TALLAHASSEE, FL 32303	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: James L. Simmons — April 30, 2003 — (850) 893-8302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #