## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 11, 2001 8:00 am Secretary of State DOCUMENT # N07862 1. Entity Name 04-11-2001 90009 018 \*\*\*\*70.00 WAY OF LIFE ASSEMBLY OF GOD, INC. Principal Place of Business Mailing Address 11810 NW 19TH STREET 11810 NW 19TH STREET PLANTATION FL 33323 PLANTATION FL 33323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2710705 Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) NORRIS, DAVID 11810 NW 19TH ST. PLANTATION FL 33323 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PDM TITLE RAMIREZ, WILLIAM ☐ Change Addition TITLE ☐ Delete NORRIS, DAVID L NAME NAME 13910 Appalachian Trail STREET ADDRESS STREET ADDRESS 11810 NW 19TH ST Davie, FL 33325 CITY-ST-ZIP CITY-ST-ZIP <u>PLANTATION FL</u> Delete TITLE Change Addition TITLE D CHANG, LYNUE NAME NAME CHANG, LYNUE 564 NW 163rd Ave. STREET ADDRESS STREET ADDRESS 4520 S W 133TH AVENUE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33330 Pembroke Pines, FL 33028 Change ■ Addition TITLE ☐ Delete TITLE NAME MONTELEONE, SAL NAME STREET ADDRESS STREET ADDRESS 1861 N W 106TH TERRACE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 TITLE Delete Change ☐ Addition TITLE NAME COVERT, KEVIN NAME COVERT, KEVIN STREET ADDRESS STREET ADDRESS 2153 NW 45TH AVENUE 11460 NW 45th Place CITY-ST-7IP CITY-ST-ZIP COCONUT CREEK FL 33066 Sunrise, FL 33323 ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 4-4-01 SIGNATURE: Date

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Daytime Phone #