FILED Aug 11, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N09732** 08-11-2002 90168 036 ****70.00 CHRISTALORD MINISTRIES FOR DISCIPLES IN CHRIST. Principal Place of Business 1621 N DIXIE HWY P O BOX 9511 FT LAUDERDALE FL 33305 FT LAUDERDALE FL 33310 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 Numbe Applied For 59-2654803 Not Applicable . Zip 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 EVANS, GAYLE V 688 NW 20TH STREET POMPANO BEACH FL 33060 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE gayle v. Evans MITCHELL, GEORGE W NAME Fompano Beach, FL 33060 STREET ADDRESS 1301 SE 1ST AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 O Concellete TITLE TITLE ☐ Addition NAME LYONS, CHRISTINE NAME STREET ADDRESS 1460 NW 28TH ST B STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33311 CiTY-ST-ZIP TITLE TITLE NAME BAIN, ARTHUR L. STREET ADDRESS 2180 NW 33 AVE STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKE FL CITY-ST-ZIP TITLE Delete TITLE ☐ Addition SWARTZ, ELIZABETH NAME STREET ADDRESS 414 S "O" ST #3 STREET ADDRESS CITY-ST-ZIP LAKEWORTH FL CITY-ST-ZIP TITLE . Delete TITLE ☐ Change ☐ Addition NAME SCHWARTZ, SCOTT NAME STREET ADDRESS 414 S "O" ST #3 STREET ADDRESS CITY-ST-ZIP LAKEWORTH FL CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME CHAMBERS, ELOISE O NAME. STREET ADDRESS 3000 NW 48TH TERRACE, #418 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 orporation 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

Daysme Phone 6

LAUDERDALE LAKES FL 33313

SIGNATURE: