5/8/ 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 01, 2000 8:00 am Secretary of State DOCUMENT # N9200000636 ADDINIA JIREH MINISTRIES, INC. 05-08-2000 90041 020 ****61.25 Principal Place of Business Mailing Address 2239 NW 89 STR 20621 NW. 22ND CT MIAMI FL 33056-1626 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PRATT, JOEL-E. 20621 NW 22 CT MIAMI FL 33056 Zip Code City 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 reinsteting) DATE 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Addition NAME ROBINSON, JOSEPH NAME STREET ADDRESS STREET ADDRESS 1141 NW 65TH ST CITY-ST-71P CITY-ST-ZIP MIAMI FL 33150 ☐ Delete Change ☐ Addition TITLE TITLE NAME **RUFF. CASEY** NAME STREET ADDRESS STREET ADDRESS 21000 NW 17TH AVE #3 CITY-ST-ZiP CITY-ST-ZIP MIAME FL. Addition Delete T MAURICE STEWART ☐ Change TITLE COLLIER, HANSEL L NAME NAME 3261 THAMED WAY STREET ADDRESS STREET ADDRESS 15830 NW 18 AVE. City-St-ZIP CITY-ST-ZIP OPA LOCKA FL 33054 Change Addition ☐ Delete TITLE TITLE NAME NAME PRATT, JOEL STREET ADDRESS STREET ADDRESS 20621 NW 22ND CT. CITY-ST-ZIP CITY-ST-7IP <u>miami</u> fl__i HAROLD FRANCOIS ☐ Addition Delete TITLE TITS F 20861 N. W.9TH COURT #201 NAME NAME STREET ADDRESS STREET ADDRESS MIAMI, FLORIDA 33169 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TH)FOCELLIF PENATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

Addition