2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90103 007 ****61.25

DOCUMENT # N97000001874

1. Entity Name

MASIHI MEDIA MINISTRY CHURCH, INC.

Principal Place of Business	Mailing Address
~~6239 EDGEWATER DRIVE~~ ~~STE E-5~~ ~~ORLANDO FL 32810~~ ~~US~~	PO BOX 607358 ORLANDO FL 32860-7358 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
705 Busbee Avenue	
Suite, ~~Apt.~~ #, etc. B.	Suite, Apt. #, etc.
City & State Apopka, Florida	City & State
Zip 32703 Country USA	Zip Country

4. FEI Number 59-3444259 ☐ 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
CALEB, BENEDICT ~~4110 ROSE PETAL LANE~~ ~~ORLANDO FL 32808~~	Name CALEB, BENEDICT Street Address (P.O. Box Number is Not Acceptable) 705 Busbee Avenue City Apopka FL Zip Code 32703

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 B D Caleb. 4-15-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CALEB, BENEDICT D REV. 4110 ROSE PETAL LANE ORLANDO FL 32808	☐ Delete	PD CALEB, BENEDICT D. REV. 705 Busbee Avenue Apopka, FL. 32703	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCCAMBRIDGE, HAROLD 3978 VERSAILLES DRIVE ORLANDO FL 32808	☐ Delete	VD McCambridge, Harold 7519 Forest City Road Orlando, Fl. 32810	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PASTORE, MILDRED 147 GOLF CLUB DRIVE LONGWOOD FL 32779	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TD ALFONS O. ANYANWU 6500 FOREST CITY RD. ORLANDO, FL. 32810	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED B D Caleb 4-15-02 407-886-6001

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