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

FILED
Jul 13, 2005 8:00 am
Secretary of State
07-13-2005 90018 017 ****70.00

DOCUMENT # N97000007218

1. Entity Name

DO NOT WRITE IN THIS SPACE

14018834

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2. Principal Place of Business	3. Mailing Address
6210-6220 West Oakland Park Blvd.	2960 NW 44th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise Fl.	City & State: Lauderdale Lakes Fl.
Zip: 33313 Country: Broward	Zip: 33313 Country: Broward

4. FEI Number: 650802195 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Michael Shaw SR.
Street Address (P.O. Box Number is Not Acceptable): 2960 NW 44 St
City: Lauderdale Lakes FL Zip Code: 33313

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

FEE IS $61.25
Initial or Amended UBR

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michael Shaw SR. Pastor. 2960 NW 44th st Lauderdale Lakes Fl. 33313
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Derrick Little Ass. Pastor 1550 NW 29th Ct. Com/Chairman Coral Spring Fl. 33065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Iris Davis Walker Clerk/Sect. 9210 Hampton Blvd, #113 North Lauderdale Fl. 33068
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Beverly Mazuck Treasurer 2850 NW 35th St Lauderhill Fl. 33319
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Shaw SR. Bishop/Pastor July 5th 2005 954.484.5696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

1401883A

#N97000007218

Please Take Note
of the Principal
Location Change
& Address.
From. 1577 Sunset Strip.
Sunrise Fl. 33313
To
6210-6220 West
Okland Park Blvd.
Sunrise Fl. 33313

Thanks