2002 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2002 8:00 am Secretary of State DOCUMENT # N98000002230 1. Entity Name GREATER LOVE MISSIONARY BAPTIST CHURCH, INC. 04-24-2002 90398 049 ****61 25 Mailing Address Principal Place of Business POST OFFICE BOX 693661 18200 N.W. 22 AVE. MIAMI FL 33269 OPA LOCKA FL 33056 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0828166 Not Applicable \$8.75 Additional Country Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent hard6on, DwayNC P.O. Box Number is Not Acceptable) 5. W. 167 A VEnue RICHARDSON, DWAYNE A 20653 NE 7 COURT MIAMI FL 33179 City 3027 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. П Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Change ☐ Addition TITLE Delete TITLE NAME HIXSON, RICHARD NAME 7450 N OAKMONT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 ☐ Addition Change TITLE □ Delete TITLE Richardson, Dwayne A. NAME RICHARDSON, DWAYNE A NAME 49425. W. 167 AVE. STREET ADDRESS 20653 NE 7 COURT STREET ADDRESS <u>Miramar FL</u> 33027 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33179** Change **Addition** TITLE TITLE X Delete CURRY, BUTH R. 2525 N.W. 122 ST. NAME O'FERRALL, MARC A NAME STREET ADDRESS STREET ADDRESS 15030 SW 51 ST Miami, FL. 33167 CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33027 Change ☐ Addition TITLE ☐ Delete TITLE MCARTHUR, CYRUS NAME NAME STREET ADDRESS STREET ADDRESS 19330 NW 4TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Change ☐ Delete TITLE TITLE

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 maddress, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIDUATORE TRE CONTROL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

(305) 688-5256