2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # N9900002717 ESTABLISHED WORD MINISTRIES INTERNATIONAL INC. 04-23-2001 90197 013 ****61.25 Principal Place of Business Mailing Address 7353 RADIANT CIRCLE 7353 RADIANT CIRCLE ORLANDO FL 32810 ORLANDO FL 32810 140233 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3583208 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - - - - 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ALLEN, KIRKLAND 7353 RADIANT CIRCLE ORLANDO FL 32810 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing **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 OFFICERS AND DIRECTORS 11. 10. DIRECTORS Addition ☐ Change Delete TITLE TITLE HECTOR L. SILVA ALLEN, MINERVA NAME NAME 1607 Wood Duck Drive 7353 REDIANT CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32810 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE ALLEN, KIRKLAND NAME NAME 7353 REDIANT CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 ☐ Delete TITLE ☐ Change ☐ Addition TITLE ALDERMAN, STEVE NAME NAME 7211 SEAMAN'S BLUFF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32835 ☐ Delete TITLE ☐ Change ☐ Addition TITLE Michael Coffe NAME NAME 1725 N. HUDSON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32808 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

April 16 200/ 4076569276