,2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N000000000753** FILED 01 DEC -3 PM 1:22 SET FREE MINISTRIES INTERNATIONAL, Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 1871 NW 62ND STREET 1871 NW 62ND STREET MIAMI, FL 33147 MIAMI, FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSANNA KENT, JIM Street Address (P.O. Box Number is Not Acceptable)
6601 SW 137 COURT, UNIT D 2810 ST 122ND AVE MIAMI, FL 33175 City MIAMI 8. The above named entity submits this statement for the purpose of changing its regis ered office or registered agent, or both, in the state of Florida. NO. 20 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE **FILE NOW:** 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Make Check Payable to FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 100004730061-ITTLE GONZALEZ, EDUARDO F 5390 SW 130TH AVENUE NAME NAME STREET ADDRESS -12/18/01--01025--020 STREET ACCORES CITY-ST-ZIP <u>****61.2</u>5 MIRAMAR, FL 33024 CITY - ST - ZIP *****51. TITLE DS Delete TTILE GONZALEZ, LOURDES 5390 SW 130TH AVE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL TITLE X Delete IIILE Change KENT, JIM- -2810 SW 122 AVENUE NAME -STREET ADDRESS STREET ADORES: MIAMI, FL 33175 CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change X Addition KENT, ROSANNA 6601 SW 137TH COURT, UNIT D STREET ADDRESS STREET ADDRESS CITY - ST - ZEP CITY-ST-ZIP MIAMI, FL TILE Delete TITLE Change Addition MAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZZP CITY-ST-ZIP TIME Change Addition STREET ADDRESS STREET ADDRESS 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 certify that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name expeans officer or director of the corporation of in Block 10 or Block 11 if changed, or ەد/ resident SIGNATURE: SIGNATURE Date Daytime Phone #

STF FL32380F.1