2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am § Secretary of State **DOCUMENT # 763350** 1. Entity Name 05-02-2002 90137 020 ****61.25 EL REDENTOR "CHURCH" ASSEMBLY OF GOD, INC. Principal Place of Business Mailing Address 4 S W 107 AVE 3000 S W 107 AVE Bus 는 '과 FL 33165 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2505743 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 26. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CHUNG, REV. WILLIAM 14357 SW 102 ST **MIAMI FL 33186** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHUNG, WILLIAM NAME NAME STREET ADDRESS 14357 SW 102 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition PINTADO, PABLO MIGUEL NAME NAME STREET ADDRESS 9495 SW 39TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP SD=== TITLE Delete TITLE Change Addition Addition CASTANEDO, HERMINIA NAME NAME PASCUAL LILY STREET ADDRESS 7921 SW 154TH AVE STREET ADDRESS 107315W 48 TERR CITY-ST-ZIP **MIAMI FL 33193** CITY-ST-ZIP MIAMI, FC. 33164 ---TITLE Delete TITLE Change Addition TORRENS, OLEA NAME NAME MICHELLE MARTIN STREET ADDRESS 14300 SW 236TH ST STREET ADDRESS 3569 SW. 108 AVE. CITY-ST-ZIP CITY-ST-ZIP Homestead FL 33032 MIAMI, F1. 33165 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

illiam R. CHUNG 4/19/02 (301) 221.0009