2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 30, 2000 8:00 am Secretary of State **DOCUMENT # 704142** 1. Entity Name THE HOLY GHOST CHURCH OF GOD OF THE APOSTALIC FA 03-30-2000 90038 004 ****61.25 Principal Place of Business Mailing Address 1250 N.W. 43RD ST. 1250 N.W. 43RD ST. MIAMI FL 33142-7973 MIAMI FL 33142 0004044 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. 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) MEDVIN, PHILIP **75 VALENCIA AVENUE** SUITE 900 City Zip Code FL **CORAL GABLES FL 33134** 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) "FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition De ete TITLE TITLE ARLINE, BISHOP DANIEL NAME NAME STREET ADDRESS 1250 N.W. 43RD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33142 ☐ Change ☐ Addition ☐ Delete TITLE DAVIS, DEACON WADE NAME STREET ADDRESS STREET ADDRESS 1250 N.W. 43RD ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33142 ☐ Delete ☐ Change ☐ Addition SD TITLE ARLINE, EVALENA NAME NAME STREET ADDRESS STREET ADDRESS 1250 N.W. 43RD ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33142** ☐ Dekete ☐ Change ☐ Addition TD TITI F TITLE DAVIS, JEWEL NAME NAME STREET ADDRESS STREET ADDRESS 1250 N.W. 43RD ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33142 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: Bashapirkanish Citiline 3/27/00 305

changed, or on an attachment with an address, with all g

12. Thereby 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

05-43)-341