2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am E Secretary of State **DOCUMENT # 715043** 1. Entity Name 05-15-2001 90181 047 ****61.25 FIRST ASSEMBLY OF GOD, INC., OF THE CITY OF BOCA Principal Place of Business Mailing Address C0065953 1300 NW 4TH AVE 1300 NW 4TH AVE **BOCA RATON FL 33432 BOCA RATON FL 33432** 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 59-1891559 Not Applicable Zip Country \$8.75 Additional Country Zip 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) CLOYD, LESLIE G 1551 FORUM PLACE **BUILDINGS 200 & 400** City Zip Code FL WEST PALM BEACH FL 33402 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) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be П Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition CR2E037 (10/00) ☐ Change ☐ Delete TITLE TITI F BOYKIN, MARK D NAME NAME STREET ADDRESS STREET ADDRESS 1308 NW 2ND CIRCLE CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP Nelson ☐ Addition Change TTR 💸 Delete TITLE A Zalea Place TITLE RAGLAND, CARL NAME NAME STREET ADDRESS STREET ADDRESS 8619 SAWPINE RD CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33446 M** Change ☐ Addition Delete TITLE TITLE RUNNING, TERRY wes NAME NAME STREET ADDRESS STREET ADDRESS 18566 ANCHOR DR CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** Delete 79 Camino Larles (\$ Change ☐ Addition TITLE TITLE BRETON, YVES NAME NAME Roton I = 4 Boca STREET ADDRESS STREET ADDRESS 101 NW 53 PL CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attaching twith an address, with all other like empowered.

SIGNATURE:

3128/01

FILED