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FILED

Jan 11, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718182 Secretary of State 1. Entity Name 01-11-2002 90010 039 ****70.00 THE CHURCH OF GOD SPANISH MISSION, INC. Principal Place of Business Mailing Address 1820 S.W. 74 AVE. RD. 2965 S.W. 37 AVE. 701712 MIAMI FL 33133 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 23-7293684 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 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) FIGUEROA, CAROL 1820 SW 74TH AVENUE ROAD MIAMI, FL Zip Code City **MIAMI FL 33155** 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) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition (9/01) ☐ Change TITLE ☐ Delete TITLE FIGUEROA.LAZARO NAME NAME STREET ADDRESS STREET ADDRESS 1820 S.W. 74 AVE. RD. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE Change Addition TITLE TOMLINSON, EZRA NAME NAME STREET ADDRESS 226 NE 3 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL - . Change - Addition ☐ Delete TITLE TITLE FIGUEROA, CAROL NAME NAME STREET ADDRESS 1820 S.W. 74TH AVE. ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE SVD ☐ Defete TITLE LOPEZ, ROSA NAME NAME STREET ADDRESS STREET ADDRESS 2750 N.W. S RIVER DR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition Delete TITLE TITLE BROOKS, DARLA NAME NAME STREET ADDRESS 910 NW 122 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 received not reuse 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.

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