FILED Mar 21, 2001 8:00 am

1. Entity Name ASCENSION PEACE PRESBYTERIAN CHURCH OF LAUDERHIL					Secretary of State 03-21-2001 90023 025 ****61.25			
MOULING			11 11L					
Principal Place of Business		Mailing Address						
2701 N.W. 40TH AVENUE LAUDERHILL FL 33313 US		2701 N.W. 40TH AVENUE LAUDERHILL FL 33313 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		_Suite, Apt. #, etc.			DO NOT WRITE IN THE	S SPACE	_	
City & State		City & State		4. FEI Numb	er 05-0037603		plied For	
Zip Country		Zip	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Required		
,	6. Name and Address of Current Re	egistered Agent		7. Name and	Address of New Registere			
			Name	Name				
WRIGHT, VALRIE 2761 SW 4TH ST			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
FT LAUDE	RDALE FL 33312		City	City FL Zip Code			-	
SIGNATURE Signature, typed or printed name of registered agent a FILE NOW: FEE IS \$61.25		9. Election Campaign Financing \$5.0		\$5.00 May Be Added to Fees	Make Check Payable to			
10,	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CH	ANGES TO OFFICERS AND I	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTR GLASCO-FODERINGHAM, RHODA 9854 ROYAL PALM BLVD. POMPANO BEACH FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ROWE, DESMIE 3193 N.W. 43 STREET FORT LAUDERDALE FL 33309	D Delete		ViceChair, Waiters, 123 Sou	D- oh oa	Street	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR DIXON, JAY 2281 N.W. 51 AVENUE FORT LAUDERDALE FL 33313	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretari Williams 1217 January Fort Laur	s, Trustee s, Calvin execuse 3rd A	Offange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	TR WILLIAMS, JOYCE 3870 N.W. 8TH PLACE FT. LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LESESNE, MARY 1131 NORTHWEST 43 TERRACE FORT LAUDERDALE FL 33313	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Asst.Sec.,	, Trustee	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

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 or an attachment with an address, with all other like empowered.

SIGNATURE: 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 344-1012 Daytime Phone #