NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712569

Jul 15, 2003 8:00 am Secretary of State

1. Entity Name			07-15-2003 90021 026 ****61.25		
ST. THOMAS Chu Christ	ech of GODIN				
	TE IN THIS SPA	CE			
Rrincipal Place of Business	Mailing Address O Dox 49	492. WPBFL			
Suite, Apt. #, alc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS	SPACE	
City & State	City & State	4. FEI Number	. 	Applied For	
3340 1 PAIM P	4 3362	Country 5. Certificate o		\$8.75 Additional Fee Required	
		7. Name and Ad	dress of Current Registered	Agent	
DO_NOT	WRITE		is Not Acceptable)	 	
IN THIS	A CONTRACTOR SERVICE STREET, AND THE SERVICE STREET				
		City		Zip Code	
The above named entity submits this statem the obligations of registered agent.	ent for the purpose of changing its regis	tered office or registered agent, or both	in the state of Florida. I am fa	amiliar with, and accept	
SIGNATURE Signature, typed or printed name of registerer	d agent and title if applicable. (NOTE: Regis	stered Agent signature required when reinstating)	DATE		
FEE IS \$61.25	9. Election Campaig	n Financina &F 00	Make Check	. Barabio to	
initial or Amended UBR	Trust Fund Contril	+0.00 May be		ment of State	
	ID DIRECTORS				
TITLE ECDER	chen_	ITLE VAME			
STREET ADDRESS LASS N. LES!	, α ο <u>΄</u>	STREET ADDRESS CITY-ST-ZIP		(COOK) GEOGRAPHICAL	
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12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE