2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 01, 2003 8:00 am Secretary of State **DOCUMENT # 724323** 1. Entity Name 05-01-2003 90237 015 ****70.00 ALLAPATTAH BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 3300 NW 17TH AVE PO BOX 420159 MIAMI FL 33142 MIAMI FL 33242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-0714810 City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent بيد ي محيوسيد مسخمين المرادي الأله المرادي ال PANKLEY, RICHARD A. Street Address (P.O. Box Number is Not Acceptable) 3300 NW 17TH AVENUE **MIAMI FL 33142** City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to , FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition PANKEY, RICHARD A NAME NAME 3300 NW 17TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33142** CITY-ST-ZIP VSD TITLE ☐ Delete TITLE Change Addition MIRANDA, WILFREDO NAME NAME 3300 NW 17TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33142** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition APRILETTI, JOHN NAME NAME 3300 NW 17TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE ☐ 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 on an attachme

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

FILED