CR2E037

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

## Apr 28, 2003 8:00 am § Secretary of State **DOCUMENT # 724803** 04-28-2003 91386 032 \*\*\*\*70.00 KING'S TEMPLE & REVIVAL CENTER, INC. Principal Place of Business Mailing Address 2256 ALABABA AVE 2256 ALABABA AVE OPA LOCKA FL 33054 OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zip Country Zip Country. \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KING, MARY Street Address (P.O. Box Number is Not Acceptable) 15755 NW 19TH AVE OPA-LOCKA FL 33054 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Pavable to **\$5.00** May Be FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition MINGO. TIMOTHY NAME NAME 1775 76 TR STREET ADDRESS STREET ADDRESS MIAMI FL 33178 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition KING, MARY NAME NAME 15755 NW 19 AVE STREET ADDRESS STREET ADDRESS OPA LOCKA FL 33054 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GILBERT, GUSSIE ---- -NAME NAME: 20000 NW 39TH COURT STREET ADDRESS STREET ADDRESS CAROL CITY FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 🖼 Delete TITLE TITLE irea sure sanders, Jean NAME NAME Twanda Lewis 16620 N.W. 18 AVE STREET ADDRESS STREET ADDRESS MIAMI,F L 00000 33054 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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-7IP CITY-ST-ZIP

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 supplementar 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 trigged 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 attacl

SIGNATURE: