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

Mar 24, 2003 8:00 am **Secretary of State DOCUMENT # 725176** 03-24-2003 90636 038 ****61.25 1. Entity Name THE OPA LOCKA CHURCH OF OUR LORD, INC Mailing Address Principal Place of Business 2010 ALI BABA AVE. 2010 ALI BABA AVE. OPA LOCKA FL 33054 OPA LOCKA FL 33054 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number 65-0299724 City & State City & State Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOORE, ERNEST Street Address (P.O. Box Number is No. Acceptable) 3380 N.W. 205 STREET CAROL CITY FL 33056 Zip Code City 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 egist ed agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) re, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Change ☐ Delete TITLE TITLE HEIDELBURG, WANDA M. NAME NAME 2231 NW 196 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAROL CITY FL CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete MOORE, ERNEST NAME NAME STREET ADDRESS 3380 N W 205TH ST STREET ADDRESS CITY-ST-ZIP-OPA LOCKA FL CITY_ST_ZIP ☐ Addition Change Delete TITLE BROWN, RAYFIELD NAME NAME STREET ADDRESS 13321 NW 26TH COURT STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 22054 CITY-ST-ZIP ☐ Addition ☐ Change TITLE`> ☐ Delete TITLE TUCKER, HENRY L. NAME NAME 2010 ALIBABA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE FERGUSON, BARBARA NAME 1901 RUTLAND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME 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 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 attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

(305) 624-2564

FILED