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

May 01, 2003 8:00 am § Secretary of State DOCUMENT # 748147 05-01-2003 90210 045 ****75.00 1. Entity Name THE SEVEN HOURS HOLINESS CHURCH, INTERNATIONAL H OUSE OF ISRAEL AND THE HOUSE OF PRAYER, HOLY PRA Principal Place of Business Mailing Address 242 W 17 ST 242 SW 17 ST JACKSONVILLE FL 32206 JACKSONVILLE FL 32206 2. Principal Place of Business 242 W.17. 3. Mailing Address 242617 CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLARK, EVANG ETHEL E. Street Address (P.O. Box Number is Not Acceptable) 242 W 17 ST JACKSONVILLE FL 32206 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 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 ☐ Addition NAME CLARK, ETHAL E NAME STREET ADDRESS STREET ADDRESS 242 WEST 17TH STREET CITY-ST-ZIP JACKSONVILLE FL 32206 CITY-ST-ZIP ☐ Delete TITLE ☐ Change SHEFFIELD, LEROY STREET ADDRESS 3203 RHONE DR STREET ADDRESS CITY - ST-ZIE JACKSONVILLE FL 32208 CITY-ST-7IP TITLE TITLE Delete ---FELDER, MAGGIE L NAME NAME STREET ADDRESS **5013 DONCASTER AVE** STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32208 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change TYSON, FAYE NAME NAME 5670 SHADY PINE ST S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-7IP JACKSONVILLE FL 32244 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PINKNEY, ALBERT A NAME NAME STREET ADDRESS 924 W 29TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP JACKSONVILLE FL 32209 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRIDGES, REGINALD NAME NAME STREET ADDRESS 1107 JACKSON ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32204

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.