2001 UNIFORM BUSINESS REPORT (UBR)

Jul 25, 2001 8:00 am DOCUMENT # 760776 **Secretary of State** 1. Entity Name A 07-25-2001 90001 015 ****61.25 NEW BORN CHURCH OF GOD AND TRUE HOLINESS, INC. Principal Place of Business Mailing Address 3295-1 NW 44TH STREET 3295-1 NW 44TH STREET FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALKER, JOHN W. Street Address (P.O. Box Number is Not Acceptable) 1061 N.W. 23RD TERRACE FT. LAUDERDALE FL 33311 City Zip Code FL 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. **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 FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition WALKER, JOHN W. NAME NAME 1061 NW 23RD TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition **DENMARK, JAMES (ASST)** NAME NAME STREET ADDRESS 4420 SW 55TH AVE STREET ADDRESS CITY-ST-ZIP DAVIE FL CiTY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change Addition WALKER, MARTHA A NAME NAME STREET ADDRESS 3295-1 NW 44TH ST STREET ADDRESS FT. LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition 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

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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.

SIGNATURE REQUIRED And Walker 7-14-61