FILE NOW: FILING FEE IS \$61.25 FILED NONPROFIT FLORIDA DEPARTMENT OF STATE Mar 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)762229 SHALOM MINISTRIES GOSPEL MISSION INC. Principal Place of Business Mailing Address 610 NORTH SHORE DRIVE 610 N SHORE DR 3. Date incorporated or Qualified MIAMI BEACH FL 33141 MIAMI BEACH FL 33141-2434 06/03/1982 4. FEI Number 59-2252727 Place of Business 20. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required (12) \$5.00 May Be Suite, Apt. #, etc. 6. Election Campaign Financing 27 Trust Fund Contribution 7. Is this nonprofit corporation a homeowners association? City & State Yes Country 8. This corporation owes or has paid the current year Intangible Ú.S.A Personal Property Tax due June 30. 29 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GARCIA, JAMES Street Address (P.O. Box Number is Not Acceptable) 610 NORTH SHORE DRIVE MIAMI BEACH FL 33141 City Zip Code 85 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Heesident/ JAMES GARCIA SIGNATURE FICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change DELETE 1.1 TITLE TITLE NAME GARCIA, JOY TAN 1.2 NAME **610 NORTH SHORE DRIVE** 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE TITLE 2.1 TITLE GARCIA, JAMES 2.2 NAME 610 NORTH SHORE DRIVE 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE NAME SAUNDERS, LEWIS T. 3.2 NAME (NEW ADDRESS Change) RT 5 BOX 5 500 RIVER ROAD 3.3 STREET ADDRESS STREET ADDRESS **ROCKINGHAM NO** 3.4. CITY - ST - ZIP CITY-ST-ZIP Bryan Miller 9000 8991 H.W. 188th Street Miami, FLA 33018 Change DELETE 4.1 TITLE TITLE NAME MILLER, BRYAN 4 2 NAME 10390 NW 135TH ST. STREET ADDRESS 4.3 STREET ADDRESS HIALEAH GARDENS FL 4.4 CITY-ST-ZIP CITY-ST-ZIP HERbERT POSSIE | TOPE 555 N.E. 123 Rd Street

6.4 City-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

POSSIEL, HERBERT

MIAMI BEACH FL

542 EUCLID AVENUE, #5

TITLE

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STREET ADDRESS

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CITY-ST-ZIP

omer Marcia

JAMES GARGA

N. Miami, FLA 33161 # 316

305 866-5355

Change

Change

Addition

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Applied For

Not Applicable