FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 amDOCUMENT # **768578 Secretary of State** 1. Entity Name THE GOLDEN PRAYER MISSION INC. 02-13-2002 90106 046 ****70.00 Principal Place of Business Mailing Address P.O. ROX 1854 P.O. BOX 1854 FT. MYERS FL 33902 FT. MYERS FL 33902 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. EEI Number 65-0048605 Not Applicable · Country Zip \$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 Name Street Address (P.O. Box Number is Not Acceptable) GROSS, GLORIA 4224 MICHIGAN CT Zip Code FT. MYERS FL 33916 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE HOLLIE, MARY PIERCE NAME NAME 13456 SE 3RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PERKINS, ELIZABETH NAME. NAME 3243 C STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP > FT. MYERS FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition JACKSON, JANNETTA NAME NAME 4224 MICHIGAN CT. APT. 682 CST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP STD TITLE Delete TITLE Change Addition SHORTRIDGE, BARBARA NAME 353 MONTGOMERY AVE STREET ADDRESS STREET ADDRESS FT. MYERS FL 33905 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change [Addition GROSS, GLORIA K NAME NAME 4224 MICHIGAN CT APT 388 STREET ADDRESS STREET ADDRESS FT. MYERS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change HOLLIE, NATHANIEL NAME NAME 604 BURLAND ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL CITY-ST-ZIP

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.

1-29-02 - 941-693-