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2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am Secretary of State DOCUMENT # 812020 1. Entity Name THE CHURCH OF CHRIST HOLINESS UNTO THE LORD 02-21-2002 90171 038 ***150.00 Principal Place of Business Mailing Address 2301 N.W. 22ND STREET 1400 NW 32 AVE FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 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 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARDEN, DANIEL R. Street Address (P.O. Box Number is Not Acceptable) 1400 NW 32 AVE. FT. LAUDERDALE FL 33311 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Addition CR2E034 (9/01 ☐ Delete MAME HARDEN, DANIEL R. NAME J.C. Kelly 145-42 226th Street STREET ADDRESS 1400 NW 32 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Rosedale, N. Y. 11413 TITLE ☐ Delete TITLE Change ☐ Addition NAME LEWIS, MOSES NAME RT. 4, BOX 255 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SYLVANIA GA ☐ Change TITLE DT Delete TITLE ☐ Addition NAME STEVENS, PAUL NAME[®] STREET ADDRESS 1827 TUBMAN ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAVANNAH GA TITLE ٧T Delete TITLE Change Addition KELLY, ERNEST NAME NAME STREET ADDRESS RT. 3, BOX 282 STREET ADDRESS CITY-ST-ZIP MIDWAY GA CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if