FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jun 27, 2001 8:00 am DOCUMENT # F9400003365 **Secretary of State** 1. Entity Name 06-27-2001 90289 009 ****70.00 ADVENTIST CONGREGATION OF THE PROMISE INC. Principal Place of Business Mailing Address 10900 SW-14TH-CT-10800_SW_14TH_CT_ DAVIE FL 33324 DAVIE FL 33324 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. FEI Number 59-3237477 Not Applicable Zip Country Zip Country \$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 Street Address (P.O. Box Number is Not Acceptable) FLOYD, LEO L JR 10800 SW 14TH CT DAVIE FL 33324 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PDC TITLE ☐ Delete TITLE ☐ Change ☐ Addition CORREA DO NASCIMENTO, VILSON NAME NAME STREET ADDRESS 10800 SW 14TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL TITLE ☐ Delete ☐ Addition FLOYD, LEO L JR NAME NAME STREET ADDRESS 10800 SW 14TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL TITLE ☐ Delete TITLE Change Addition NASCIMENTO, RENEE R NAME NAME STREET ADDRESS 10800 SW 14TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PARENTE, GUILHERME B NAME STREET ADDRESS 10800 SW 14TH COURT STREET ADDRESS CITY-ST-ZIP DAVIE FL 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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