*2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F9600003225 Jul 31, 2000 8:00 am 1. Entity Name **Secretary of State** THE CHURCH OF JESUS CHRIST BODY MINISTRY, INC. 07-31-2000 90009 011 ****75.00 Mailing Address Principal Place of Business 3218 W BROWARD BLVD 3218 W BROWARD BLVD FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 Principal Place of Business DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. Applied For City & State City & State 4. FEI Number 22-3050649 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ALLEN, NELEATER A 517 WEST CAMPUS CIRCLE FT. LAUDERDALE FL 33312 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** After September 13, 2000 min. will be \$236.25 HANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ono Change TITLE Delete TITLE Are BRODERICK, CADAT O NAME NAME STREET ADDRESS STREET ADDRESS 3218 W BROWARD BLVD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 Addition TITLE ☐ Delete TITLE NAME ASHTON, VERNON NAME STREET ADDRESS STREET ADDRESS 117 BABSON ST CITY-ST-ZIP CITY-ST-ZIP MATTPHAN MA 02126 ☐ Delete TITLE ☐ Change Addition Tesson TITLE NAME NAME ALLEN, NELEATER STREET ADDRESS STREET ADDRESS 517 WEST CAMPUS CIRCLE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 Delete TITLE Addition TITLE LEAFORD, BERNARD NAME NAME STREET ADDRESS 8 BALSAM ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DORCHESTER MA 02124** Change ■ Addition TITI F ☐ Delete TITLE ALLEN, N.A. PASTOR NAME MAKAF STREET ADDRESS STREET ADDRESS 517 WEST CAMPUS CIRCLE CITY-ST-ZIE CITY-ST-7IP FT. LAUDERDALE FL 33312 ☐ Change Delete TITI F TITLE Addition ALLEN, HAROLD NAME NAME STREET ADDRESS 517 WEST CAMPUS CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 in changed, or on an attachment with an addiress, with all other like ampowered. SIGNATURE:

SIBNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO