

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00000001915 1. Entity Name ALL THAT GOD IS INTERNATIONAL MINISTRIES INC.			
Principal Place of Business 9830 S.W. 222 STREET MIAMI, FL 33190		Mailing Address 9830 S.W. 222 STREET MIAMI, FL 33190	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 85-1007301		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISAAC, DENISE DR. 9830 S.W. 222 STREET MIAMI, FL 33190		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Denise P. Isaac President</i>		DATE: <i>4/17/03</i>	
FILE NOW! FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISAAC, DENISE DR 9830 S.W. 222 STREET MIAMI, FL 33190	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALKER, ROSALIND 14546 SW 297TH TERRACE MIAMI, FL 33033	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANCHEZ, VERONICA 19803 N.W. 34TH AVE MIAMI, FL 33066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DANZY, CLOVETTE 11126 SW 174 TERR MIAMI, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>Danzy, Clovette</i> <i>11040 S.W. 176 Street</i> <i>Miami, Fla 33157</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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.			
SIGNATURE: <i>Denise P. Isaac</i>		DATE: <i>4/17/03</i> (305) 259-6761	

FILED
03 APR 22 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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☐ CHECK HERE IF MAKING CHANGES

CR20037 (10/02)