4/2/01-90311-015-$61.25-$61.25

4/2/01

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 PM 3:49

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002318

1. Entity Name

BISHOP FLOYD & CLAUDIA MOORE MINISTRY INTERNATIO

Principal Place of Business	Mailing Address
14541 SW 296TH ST. LEISURE CITY FL 33033	14541 SW 296TH ST. LEISURE CITY FL 33033

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16325 S.W. 288th ST.	16325 S.W. 288th ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Homestead, FL	Homestead, FL
City & State	City & State
Zip 33033 Country Dade	Zip 33033 Country Dade USA

4. FEI Number 65-0996229 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORE, FLOYD BISHOP 14541 SW 296TH ST. LEISURE CITY FL 33033	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.

SIGNATURE: Bishop Floyd Moore DATE: March 22nd 2001

(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President + CEO Bishop Floyd Moore 16325 S.W. 288th ST Homestead, FL 33033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Claudia E. Moore 16325 S.W. 288th ST Homestead FL 33033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR Melody Peterson 21352 S.W. 112ave apt 305 Miami FL 33189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR Mable Grier 568 N.W. 3Rd St. Florida City, FL 33034	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition SP

CR2E037 (10/00)

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: SIGNATURE REQUIRED Bishop Floyd Moore 9-7-01 305 247-2301

(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (Date) (Daytime Phone #)