

**2001-UNIFORM-BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 8:00 am  
Secretary of State**

02-28-2001 90011 020 \*\*\*\*70.00

**DOCUMENT # N00000003232**

1. Entity Name

**HIS GREAT COMMISSION, INC.**

Principal Place of Business

Mailing Address

**12084 EDGEWATER DR., N.  
PALM BEACH GARDENS FL 33410****12084 EDGEWATER DR., N.  
PALM BEACH GARDENS FL 33410****C0024831**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1201 S. FLAGLER DR****1201 S. FLAGLER DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**21F****21F**

City &amp; State

City &amp; State

**WEST PALM BCH FL****WEST PALM BCH FL****65-1013189**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33401****US****33401****US**

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

**UCC FILING & SEARCH SERVICES, INC.  
526 E. PARK AVE  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	KRANTZ, BARBARA	12084 EDGEWATER DR., N.	PALM BEACH GARDENS FL 33410	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	HERRERA, LILLIANA	116 WEDGEWOOD LAKES N	GREENACRES FL 33461	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SIMONE, WILLIAM	154 SEASHORE DR	JUPITER FL 33477	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	WHITE, LEWIS E	1120 LINCOLN CT RD	W PALM BEACH FL 33407	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/15/01 (561) 741-1043**

CR2E037 (10/00)