2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # N0000003267 1. Entity Name 04-03-2001 90033 023 ****74.00 LIVING HOPE INTERNATIONAL OUTREACH MINISTRIES, I Principal Place of Business Mailing Address 1720 S.W. 64TH AVENUE 1720 S.W. 64TH AVENUE POMPANO BEACH FL 33068 POMPANO BEACH FL 33068 D0030978 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zio. Country Ζíρ Country \$8.75 Additional 5. Certificate of Status Desired 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) BURTON, MARJORIE R 1720 S.W. 64TH AVENUE POMPANO BEACH FL 33068 Zip Code City 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 - (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD BURTON, MARTORI'S ☐ Addition TITLE ☐ Delete TITLE Change 1720 SW 64 AVE **BURTON, MARJORIE** NAME NAME 1720 S.W. 64TH AVENUE STREET ADDRESS STREET ADDRESS Pampano Beach FL. 33068 CITY-ST-ZIP POMPANO BEACH FL 33068 CITY-ST-ZiP TITLE ☐ Addition TITLE ☐ Detete coekburn COCKBURN, DORIS E 8100 NW 20 4 court NAME 8100 N.W. 20TH COURT STREET ADDRESS STREET ADDRESS SUMPISE CITY-ST-ZIP SUNRISE FL 33322 CITY-ST-ZIP Wickell B. Bailey Change Delete Addition TITLE BAILEY, TATUN 3796 N. University NAME NAME STREET ADDRESS 731 S.W. 3RD PLACE STREET ADDRESS Springs fl. 33068 CORAL CITY-ST-ZIP CITY-ST-ZIP DANIA FL 33004 TITLE Delete TITLE ■ Addition BROWN, JOHANNA P NAME NAME STREET ADDRESS 1720, S.W., 64TH, AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3306S POMPANO BEACH FL 33068 ☐ Change TITLE TITLE □ Delete ☐ 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 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

SIGNATURE: MARSORIGISTICO SIFE May Lant 2/6/01 954 - 977-7858

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 hanged, or on an attachment with an address, with all other like empowered.