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

May 12, 2003 8:00 am Secretary of State DOCUMENT # N0000004876 05-12-2003 90203 011 ****61.25 IRIS MINISTRIES, INC. Principal Place of Business Mailing Address 3238 WHOOPING CRANE RUN P.O. BOX 452414 KISSIMMEE FL 34741 KISSIMMEE FL 34745-2414 2. Principal Place of Business 3. Mailing Address 3508 Bent Wood DN Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3636041 Applied For Florida Kissimmee Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34741 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Banham BANHAM, LESZ Street Address (P.O. Box Number is Not Acceptable) 3238 WHOOPING CRANE RUN Bent Wood Dive KISSIMMEE FL 34741 Kissimmee 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 agen SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BANHAM, LESZ NAME NAME 3238 WHOOPING CRANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34741 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PIZARRO, CARLOS NAME NAME 1435 UP BLISS, DILIMAN, QUEEN CITY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PIHILIPINES** CITY-ST-ZIP VPD ☐ Delete TITLE ☐ Addition ZEPHANI, REEVES NAME NAME 11 1 BANGALAWATTE, MOBOLE, WATTALA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SRI LANKA Delete ☐ Addition ☐ Change BELOSO, ISMAEL A JR. NAME NAME STREET ADDRESS 2509 OAK RUN BLVD. STREET ADDRESS CITY-ST-7IP KISSIMME FL 34744 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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:

FILED

5/7/03 (407)4465153