2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE

Mar 04, 2004 8:00 am Secretary of State DOCUMENT # N00000005425 1. Entity Name 03-04-2004 90007 048 ****61.25 FLORIDA FELLOWSHIP CHURCH OF GOD IN CHRIST. Principal Place of Business Mailing Address 2250 MARTIN LUTHER KING BLVD COMMUNITY CDGTC POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State 4. FEI Number Applied For 65-1111721 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name WILLIE T HARGRETT, OVERSEER 2250 MARTIN LUTHER KING BLVD Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33069 City 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 DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE TITLE ☐ Delete HARGRETT, WILLIE T BISHOP NAME NAME 2250 MARTIN LUTHER KING BLVD STREET ADDRESS STREET ADORESS POMPANO BEACH FL 33069 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE TAYLOR, TERY REV NAME NAME 2101 NW_4TH CT.... STREET_ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP CITY-ST-ZIP D ☐ Change ☐ Addition TITLE ☐ Delete TITLE HARGRETT, THOMAS ---NAME NAME 2250 MARTIN LUTHER KING BLVD STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 10

FILED