2001 UNIFORM BUSINESS REPORT (UBR

FILED Aug 09, 2001 8:00 am Secretary of State DOCUMENT # N0000007747 FAITH COMMUNITY BIBLE CHURCH OF MIAMI, FLORIDA, 08-09-2001 90044 007 ****75.00 Principal Place of Business Mailing Address 17370 NW 66TH PL. 17370 NW 66TH PL. MIAMI FL 33055 MIAMI FL 33055 2. Principal Place of Business 3. Mailing Address 15640 N.E.85 AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEL Number Applied For NORTH MIAM Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U.S.A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STORR, CARROLL J 17370 NW 66TH PL. MIAMI FL 33015 Zip Code City FL 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 Fiorida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be \Box Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (5/01) TITLE ☐ Change Addition TITLE ☐ Delete STORR, CARROLL J NAME NAME **CR2E037** STREET ADDRESS 17370 NW 66TH PL. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33055 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete HAMILTON, ALTAMANT NAME NAME 16198 NE 9TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N. MIAMI BCH FL 33162 CITY-ST-ZIP TD TITLE-TITLE Delete____ PHYLLIS NUGENT 911 N.E. 156 TERRACE INNISS, JOSCELYN SR. NAME NAME 565 NE 159TH ST. STREET ADDRESS STREET ADDRESS NOZTH MIAMI BEACH, FL 33162 CITY-ST-ZIP N. MIAMI BCH FL 33162 CITY-ST-ZIP ☐ Addition Channe TITLE ☐ Delete TITLE STORR, HELEN M NAME 17370 NW 66TH PL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33055 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAMILTON, MILLICENT NAME NAME STREET ADDRESS 16198 NE 9TH AVE. STREET ADDRESS CITY-ST-ZIP N. MIAMI BCH FL 33162 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 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

12504 J. STARR 08-06-01 (305) 953-2817

with all other like empow

SIGNATURE: