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

Mailing Address

MIAMI FL 33169

19115 NW 12TH CT

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

DOCUMENT # N0100000484

1. Entity Name

MIAMI FL 33054

Principal Place of Business

2. Principal Place of Business

CAMPBELL, EUSTACE

MIAMI FL 33169

19115 N.W. 12TH COURT

the obligations of registered agent.

3900 N.W. 167TH STREET

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

FAITH REDEMPTION DELIVERANCE CHURCH INC.

Country

6. Name and Address of Current Registered Agent

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



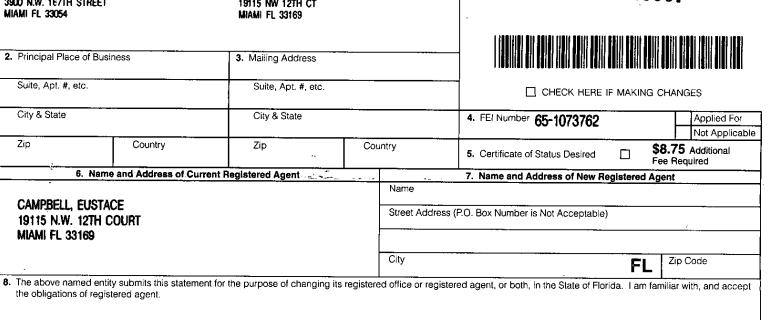
Country

Name

(NOTE: Registered Agent signature required when reinstating)

FILED Feb 12, 2003 8:00 am | Secretary of State

02-12-2003 90130 033 ****61.25



DATE

| | FILE NOW: FEE IS \$61.25 | 9. Election Camp Trust Fund Co | | \$5.00 May Be Added to Fees | Make Check Payable Florida Department of S | |
|--|--|-----------------------------------|---------------------------------------|---|---|------------|
| 10. | OFFICERS AND DIRECTORS | | 11. | ADDITIONS/CHANGES T | O OFFICERS AND DIRECTORS IN | l 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD CAMPBELL, EUSTACE 19115 N.W. 12TH COURT MIAMI FL 33169 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EASTON SMITE. 19255 NE 10 ave MIAMI FL 33169 | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DA PRY, LONNIE S 190 N.W. 29 AVENUE FT. LAUDERDALE FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS Jones, Icilder 651 N.W. 177 Street Miami Fl 33169 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Ellis, Willie F 15151 N.W. 18 Avenue Miami Fl 33054 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition |

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 justee 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 an address, with all other like empowered.

SIGNATURE