FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jun 19, 2002 8:00 am **DOCUMENT # N0100000494 Secretary of State** 1. Entity Name 06-19-2002 90461 019 ****61.25 JESUS THE LIGHT OF LIFE OUTREACH MINISTRY INC. Mailing Address Principal Place of Business 6336 ROYAL TERN STREET 6220 ALL AMERICAN BOULEVARD ORLANDO FL 32810 SUITE 34 ORLANDO FL 32810 3. Mailing Address 2. Principal Place of Business mul DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent والرابع والمستحمد الرابعات Street Address (P.O. Box Number is Not Acceptable) ROBERTS, MYRTLE S 6336 ROYAL TERN STREET ORLANDO FL 32810 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** DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (10/6) ☐ Addition Change Delete TITLE TITLE ROBERTS, VERNON NAME NAME STREET ADDRESS 6336 ROYAL TERN STREET STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ORLANDO FL 32810 Change ☐ Addition TITLE ☐ Delete TITLE NAME roberts, myrtle s NAME STREET ADDRESS 6336 ROYAL TERN STREET STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32810 CITY-ST-ZIP Change □ Addition Delete TITLE TITLE WILLIAMS, RICARDO M NAME NAME STREET ADDRESS **4910 ANZIO STREET** STREET ADDRESS CITY-ST-7IP ORLANDO FL 32819 CITY-ST-ZIP ☐ Addition ☐ Change TITI F ☐ Delete TITLE WILLIAMS, KATRINA J NAME NAME **4910 ANZIO STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete