2004 UNIFORM BUSINESS REPORT (UBR) 02-23-2004-90045 035 ***122.50 DOCUMENT# N01000001000 04 FEB 26 AM 9: 46 KOINONIA INTERNATIONAL MINISTRIES, INC. SLUTTARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4948 PELICAN MANOR 4948 PELICAN MANOR **COCONUT CREEK FL 33073 COCONUT CREEK FL 33073** 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 94-3387589 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent PITZER DE SOUZA, IVAN M 4998 PELICAN MANOR Street Address (P 0 Box Number is Not Acceptable) **COCONUT CREEK FL 33073** 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. 02/12/2004 SIGNATURE Signature, Most or printed name of registered agent and title if applicable. (NOTE: Redistand Agent signature are and when reinstating) والمناسب والمناسب والمناسب 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 may Be Trust Fund Contribution Added to Fees FEE IS \$61.25 Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS PD Delete ☐ Change ☐ Addition TITLE TITLE PITZER DE SOUZA, IVAN M NAME NAME 4998 PELICAN MANOR STREET ADDRE STREET ADORES COCONUT CREEK, FL 33073 CITY - ST - ZIP CITY - ST - ZIP SD TITLE Delete ☐ Change ☐ Addition TITLE PEREIRA, HARRY NAME NAME 1977 DISCOVERY CIR EAST STREET ADDRESS STREET ADDRES **DEERFIELD BEACH FL 33442** CITY - ST - 716 CITY - ST - ZIP Delete TITLE ☐ Change ☐ Addition TITLE MOURA DE SOUZA, LOURACI NAME NAME 4998 PELICAN MANOR STREET ADDRESS STREET ADDRES COCONUT CREEK, FL 33073 017-ST-ZIP CITY - ST - ZIP ☐ Delete Change Addition TITLE TITLE NAME ME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP ___ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME 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 qualified by chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a pagingss (with all other like empowered. SIGNATURE: X 02/12/2004 (954) 426-2816 SIGNATURE AND TYPED OR PRINTED WAME OF BIGNING OFFICER OR DIRECTOR