FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jun 27, 2002 8:00 am Secretary of State DOCUMENT # N01000001051 1. Erfdty Name 05-14-2002 90301 002 ****70.00 "WHOSOEVER WILL" GOSPEL FELLOWSHIP, INC. Principal Place of Business Mailing Address PO BOX 10836 95102 PO BOX 10636 RIVIERA BEACH FL 33419 RIVIERA BEACH FL 33419 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 50-0001055 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOOD, GLENN A SR Street Address (P.O. Box Number is Not Acceptable) **423 PARK AVE** LAKE PARK FL 33403 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 15 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 President Hood So TITLE ☐ Delete TITLE ☐ Change NAME Glenn A. Ho 423 Park Ace NAME STREET ADDRESS Adjust Hesone STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP hake Park, FC33403 TITLE ☐ Delete TITLE Vick-President Addition ☐ Change NAME NAME Kell E. Hood, J7 NO Bus. Addiess STREET ADDRESS STREET ADDRESS 240 Begania Dr (retired) CITY-ST-ZIP CITY-ST-ZIP Pahukec, 19633476 TITLE ☐ Delete TITLE Treacurer Change Addition NAME NAME suce Hood dress. STREET ADDRESS STREET ADDRESS 240 Beganice CITY-ST-ZIP CITY-ST-78 Pakokee, FL33476 TITLE ☐ Deleta TITLE Sceretory ☐ Change Addition NAME 11-6 Bus Addrect A Affect Belle Glade, FL NAME Sandra J. Decuis(0) STREET ADDRESS STREET ADDRESS 819 Bacom Avint Rd CITY-ST-ZIP CITY-ST-ZIP : Pahakce, FC 33476 33430 TITLE ☐ Delete TITLE ☐ Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate TITLE Change Addition 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 changed, or on an attachment with an address, with all other like empowered. On the composition of the composition o SIGNATURE:

Department of SXate Division of Corporations P.O. box 1500 Tallahassee, Fl. 32302-1500 95/00/00/00/05/

Gredtings,

Enclosed is the form you requested corrections to be made. All four people listed are directors. I run the ministry out of my home address. The next two on the list are retired and have no business address, so the address used is thier home address. Mrs. Davis is the only one who has a business address which is listed next to her home address.

This is all fairly new to me and being an entity that receives no contributions at this point I am operating out of my limited pocket. Thank you for allowing me these corrections. I hope this is fine. If not, your patience will be greatly appreciated. May God bless you always.

Respectfully submitted

Elenn A. Hood, Sr. Registered Agent