FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2002 8:00 am Secretary of State DOCUMENT # N0100001550 911 INTERNATIONAL MINISTRIES, INC. 02-14-2002 90043 029 ****61.25 Mailing Address Principal Place of Business 38038 MERIDIAN AVE 38038 MERIDIAN AVE DADE CITY FL 33525 DADE CITY FL 33525 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3706413 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BREWTON, WILLIAM F 38038 MERIDIAN AVE DADE CITY FL 33525 Zip Code 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 Florida. 30, 200 Z (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change ☐ Delete TITLE TITLE BREWTON, PATRICIA M REV NAME NAME STREET ADDRESS 38038 MERIDIAN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DADE CITY FL 33525 D۷ ☐ Change ☐ Addition TITLE TITLE ☐ Delete RALEY, DAVID C REV NAME NAME 6061 KNOLLWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP RIDGE MANOR FL 33523 DST ☐ Addition Change Delete TITLE TITLE BREWTON, WILLIAM F NAME NAME STREET ADDRESS 38038 MERIDIAN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DADE CITY FL 33525 Delete ☐ Change Addition TITLE TITLE RALEY, MASON D REV NAME 2599 SUNRIDGE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32605** ☐ Change ☐ Addition TITI F ☐ Detete TITLE SOLA, DOMINIC REV NAME NAME STREET ADDRESS STREET ADDRESS 1029 WIDEVIEW AVE CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689-2141 ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.