FILED

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

Jul 18, 2003 8:00 am **Secretary of State** DOCUMENT # N0100002076 03-03-2003 90964 005 ****61.25 THE LORD'S CHARITABLE MISSION CORPORATION Principal Place of Business Mailing Address 1060 SKEES RD 1060 SKEES RD W PALM BCH FL W PALM BCH FL 55051606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number APPLIED FOR 20-008246 Not Applicable Zip Country Zip Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCGOEY, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 209 N SEACREST BLVD **BOYNTON BCH FL 33435** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. П After September 10, 2003, min will be \$236.25 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TPD ☐ Addition TITLE ☐ Delete TITLE ☐ Change MICKELSON, SHELDON NAME NAME 1060 SKEES RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BCH FL CITY-ST-ZIP Defete ☐ Addition TITLE TITLE ☐ Change MICKELSON, ANNETTE NAME NAME 1060 SKEES RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BCH FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE MICKELSON, MELINDA NAME NAME 1060 SKEES RD STREET ADDRESS STREET ADDRESS W PALM BCH FL CITY-ST-ZIP CITY-ST-ZIP TD ☐ Addition TITLE ☐ Delete TITLE Change SARKELA, JOHN NAME 1060 SKEES RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BCH FL CITY-ST-ZIP TD TITLE ☐ Delete TITLE Addition ☐ Channe MAKI, ROBERT NAME NAME 1060 SKEES RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BCH FL CITY-ST-ZIP TIT: E ☐ Delete TITLE Change ☐ Addition 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 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.

SIGNATURE: \(\overline{1} \)

OGD Mickelson 7/14/03

561-242-0920

2003 NOT-FOR-PROFIT CORPORATION

	NIFORM BUSINE		(UBR)	3/3/2003-90	964-005-\$61.25-\$6	1.25		
DOCU	MENT # NO10000	02076						
	D'S CHARITABLE MISSION CO	PRPORATION						
Principal Place of Business 1060 SKEES RD W PALM BCH FL		Mailing Address 1080 SKEES RD W PALM BCH FL			550514001			
2. Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number A	4. FEI Number APPLIED FOR		pplied For ot Applicable	7
Zip Country		Zip	Country	5. Certificate of St	5. Certificate of Status Desired See Requ			1
6. Name and Address of Current Registered Agent			7: Name and Address of New Registered Agent					1
MORAEY	/, MICHAEL J:	Name						
209 N SEACREST BLVD BOYNTON BCH FL 33435			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	:		City		FL	FL Zip Code		1
	named entity submits this statement for tillions of registered agent.	he purpose of changing its	registered office or reg	istered agent, or both, in	the State of Florida, 1 am	familiar with	and accept	1
		•						
SIGNATURE	Signeture, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent signature rec	quired when reinstating)	DATE			
	FILE NOW: FEE IS \$61.25	9. Election Carr Trust Fund C	npaign Financing \$5.00 May Be Added to Fees Florida Department of State				 	
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DI	RECTORS IN	l 10	ł
TITLE	TPD :	☐ Detete	TITLE			Change	Addition	18
NAME STREET ADDRESS	MICKELSON, SHELDON 1060 SKEES RD		NAME STREET ADORESS	•				CR2En37 (10/02
TITLE	W PALM BCH FL TSD	☐ Delete	CITY-ST-ZIP			☐ Change	☐ Addition	15E
NAME	MICKELSON, ANNETTE	person	NAME	•	-			C
STREET ADDRESS CITY-ST-ZIP	1060 SKEES RD W PALM BCH FL		STREET ADDRESS CITY-ST-ZIP	-				
TITLE	TOO	☐ Delete	TITLE	and the same of th		☐ Change	Addition	1
STREET ADDRESS	MICKELSON, MELINDA 1060 SKEES RD		STREET ADDRESS					
CITY-ST-ZIP	W PALM BCH FL		CITY-ST-ZIP			 <u> </u>	·	
TITLE NAME	TO Sarkela, John	☐ Delete	TITLE	ب نیان می <u>ث در بیدن</u>		Change	☐ Addition	_
STREET ADDRESS CITY-ST-ZIP	1060 SKEES RD		STREET ADDRESS	_	•			
TITLE	W PALM BCH FL TD	Delete	CITY-ST-ZIP TITLE			☐ Change	☐ Addition	
NAME	MAKI, ROBERT		NAME					
STREET ADDRESS CITY-ST-ZIP	1060 SKEES RD W Palm BCH FL	•	STREET ADDRESS CITY-ST-ZIP				l	
TITLE		☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
indicated of the cor	certify that the information supplied with this on this report or supplemental report is tru poration or the receiver or trustee empower or on an attachment with agradgress, wijt	re and accurate and that my pred to execute this report a	/ signature shall have ti s required.by Chapter (he same legal effect as if	made under oath; that I a	m an officer	or director	