2002 UNIFORM BUSINESS REPORT (UBR) FILED May 07, 2002 8:00 am Secretary of State DOCUMENT # N0100002090 1. Entity Name OUR FAITH MINISTRIES, INC. 05-07-2002 90106 001 \*\*\*228.75 Principal Place of Business Mailing Address 130 OLD MILL RUN 130 OLD MILL RUN ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 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 Not Applicable Zip Country 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 **GRIMES, DAISY T** Street Address (P.O. Box Number is Not Acceptable) 130 OLD MILL RUN **ORMOND BEACH FL 32174** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CD TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRIMES, HUBERT L NAME . NAME STREET ADDRESS 130 OLD MILL RUN STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP TITLE Delete TITLE X Change Tamala T. Bynes 356 Aleatha Dr **X** Addition GOODEN, CHARLENE NAME NAME J STREET ADDRESS 1625 DERBYSHIRE RD STREET ADDRESS CITY-ST-ZIP HOLLY HILL FL 32117 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ST JAMES, CAROL NAME NAME 4 FOX HOLLOW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition grimes, daisy t NAME NAME STREET ADDRESS 130 OLD MILL RUN STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP Tiffany P. Taylor 356 Aleatha Dr. Delete TITLE **K** Change **X**. Addition GOODEN, VICTOR E NAME 1625 DERBYSHIRE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLY HILL FL 32117 Dayrona Beach, Fe 32114 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 nationagegars in Book 13 or Block 13.

SIGNATURE:

SIGNATURE:

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