2002 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1866 NW 51 TERRACE

MIAMI FL 33142-3727

3. Mailing Address

City & State

Suite, Apt. #, etc.

DOCUMENT # N01000004313

Country

Signature, typed or printed name of registered agent and title if applicable.

PROTESTANTS ACTING TOGETHER FOR HEALING, INC.

1. Entity Name

Principal Place of Business

2. Principal Place of Business

1866 MW 51 TERRACE

Suite, Apt. #, etc.

City & State

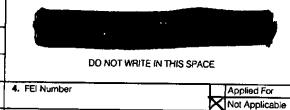
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MIAMI FL 33142-3727

FILED Sep 23, 2002 8:00 am Secretary of State

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\$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 MITCHELL, L'INCENT Street Address (P.O. Box Number is Not Acceptable) 1866 NW 51 TERRACE MIAMI: FL 33142-3727

(NOTE: Registered Agent signature required when reinstating)

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.

Country

SIGNATURE

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

DATE

Zip Code

OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete THLE P Change Change ☐ Addition BROWN, ANTHONY NAME STREET ADDRESS 1571 NW 15 AVE STREET ADDRESS CITY-ST-7P MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CUMMINGS, ERIK NAME NAME 5005 NW 173 DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM! FL CITY-ST-ZIP D TITLE ☐ Delete M/D Change Addition COATS, MARK NAME NAME STREET ADDRESS 11001 SW 218 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete TITLE M/D Addition ☐ Change ELLIS, GEORGE JR NAME NAME Ward, Lester STREET ADDRESS 7900 NE 2ND AVE STREET ADDRESS 10401 N.W. 8th Street CITY-ST-ZIP MIAMI FL CITY-ST-ZIP <u> Miàmi, FL 33150</u> TITLE ☐ Delete TITLE ☐ Change Addition EWING, PIERCE NAME NAME Ross, Ralph STREET ADDRESS 14700 LINCOLN RD STREET ADDRESS 301 N.W. 9th Street CJTY-ST-Z/P MIAMI BEACH FL CITY-ST-ZIP Miami, FL 33136 TIME De lete TITLE ☐ Change ☐ Addition HORTON, G. DAVID NAME NAME STREET ADDRESS 17025 NW 22 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 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:

E OF SIGNING OFFICER OR DIRECTOR