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

Apr 14, 2003 8:00 am § Secretary of State DOCUMENT # N0100006530 04-14-2003 90035 033 ****61.25 MIAMI EVANGELISTIC ASSOCIATION, INC. Principal Place of Business Mailing Address のなれるなみなる 5405 S.W. 87TH AVE 5405 S.W. 87TH AVE MIAMI FL 33165 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 60-0000873 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ABRAHAM, JAMES M Street Address (P.O. Box Number is Not Acceptable) 5405 SW 87TH AVE MIAMI FL 33165 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE ☐ Delete TITLE ☐ Change ABRAHAM, JAMES M NAME NAME STREET ADDRESS STREET ADDRESS 5405 S.W. 87TH AVE CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33165** ☐ Addition TITLE ☐ Delete TITLE ☐ Change EBANKS, LESLIE NAME NAME STREET ADDRESS 11944 SW 122 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** TITLE ---. ☐ Deleté_ -TITLE -1 -- -Change Addition CANNON, OLIVER M NAME NAME STREET ADDRESS STREET ADDRESS 5821 NE 21 RD CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. Thereby 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 ith an address, with all other like empowered. changed, or on an attachment

CITY-ST-ZIP

SIGNATURE:

JAMES M. ABRAHAM 4/10/03