


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

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90389 003 \*\*\*\*70.00

DOCUMENT # <u>NOI 00000 7017</u>	
1. Entity Name <u>Disciples of Jesus Ministry, Inc</u>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>10735 S.W. 166 Terrace</u>		3. Mailing Address <u>10735 S.W. 166 Terrace</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Miami FL</u>		City & State <u>Miami, FL</u>	
Zip <u>33157</u>	Country <u>USA</u>	Zip <u>33157</u>	Country <u>USA</u>

**14012540** DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <u>Gem McKenzie</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>10735 S.W. 166 Terrace</u>	
	City <u>Miami</u>	FL Zip Code <u>33157</u>

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 Gem McKenzie DATE April 15<sup>th</sup>, 2005  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FEE IS \$61.25</b> <b>Initial or Amended UBR</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE <u>P</u>	<u>P</u> NAME <u>Gem McKenzie</u> STREET ADDRESS <u>10735 S.W. 166 Terrace</u> CITY-ST-ZIP <u>Miami FL 33157</u>	TITLE	
TITLE <u>S</u>	<u>S</u> NAME <u>Mark McDonald</u> STREET ADDRESS <u>10370 S.W. 220ST Apt 202</u> CITY-ST-ZIP <u>Miami FL 33190</u>	TITLE	
TITLE <u>D</u>	<u>D</u> NAME <u>RICKMAN JOHNSON</u> STREET ADDRESS <u>13324 S.W. 108 CIRCLE</u> CITY-ST-ZIP <u>MIAMI, FL 33186</u>	TITLE	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE <u>D</u>	<u>D</u> NAME <u>LEON WRAY</u> STREET ADDRESS <u>16620 S.W. 104 AVE</u> CITY-ST-ZIP <u>MIAMI, FL 33157</u>	TITLE	
TITLE <u>D</u>	<u>D</u> NAME <u>Sedna SINGH</u> STREET ADDRESS <u>19000 S.W. 121ST AVE</u> CITY-ST-ZIP <u>MIAMI FL 33177</u>	TITLE	
TITLE <u>D</u>	<u>D</u> NAME <u>ETHELIN HARPER</u> STREET ADDRESS <u>14617 SW 128 CT RD</u> CITY-ST-ZIP <u>MIAMI, FL 33186</u>	TITLE	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gem McKenzie DATE April 15<sup>th</sup>, 2005 786 293.0032

CR2E037B (12/02)