2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0200000800 1. Entity Name



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90020 026 ****61 25

| IGLESIA CRISTIANA EL-SHADDAI, INC. | | | | | | 20027002 | | - I - I |
|---|---|---|---------------------------------------|------------------------|---------------------------------------|--|------------|-----------------------------|
| Principal Place of Business 121 S. 24TH AVENUE HOLLYWOOD FL 33020 | | Mailing Address 2716 POLK STREET HOLLYWOOD FL 33020 | | 40001960 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | ☑ сн | ECK HERE IF MAKIN | NG CHANGES | |
| City & State | | City & State | | | 4. FEI Number | -0552291 | | oplied For ot Applicable |
| Zip Country | | Zip | Country | | 5. Certificate of Status Desired | | ditional | |
| | ~6. Name and Address of Current F | legistered Agent | | | 7. Name and Addre | s of New Registered | | |
| | | | | Name | | | | |
| 2716 PO | , JOSE L LK STREET | | Street A | Address (F | (P.O. Box Number is Not Acceptable) | | | |
| HOLLYW | OOD FL 33020 | | | | | | | j |
| | | | City | | | F | L Zip Cod | e |
| the obligat | Stignature, typed or printed name of registered agent a | nd title if applicable. (NOTE | Registered Agent signa | iture required | | DATE | | |
| i | FILE NOW: FEE IS \$61.25 | Trust Fund Co | | | Added to Fees | Florida Depa | | |
| 10. | OFFICERS AND DIR | | 11. | , A | ADDITIONS/CHANGES | TO OFFICERS AND D | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SANTOS, JOSE L 2716 POLK STREET HOLLYWOOD FL 33020 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | i | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SANTOS, CARMEN N 2716 POLK STREET HOLLYWOOD FL 33020 | . Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FUENTES, BETSY 5400 HOLLYWOOD BLVD. SUITE HOLLYWOOD FL 33020 | Delete #12 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 7 Ann 2716 Hd | ette CRUZ 6 POLK ST. Lywood, FL | . 33020 | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 7 | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | PRINTED TO THE PRINTE | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | Addition |

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 attachmen with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

DECUIPOLOSE 1, Santos 1/6/03