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

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-15-2003 90085 019 ****62.00

DOCUMENT # N02000001133

1. Entity Name

DEFENDER OF THE FAITH MINISTRIES, UNORTHODOX MINISTRY OF YESHUA, INC.

Principal Place of Business	Mailing Address
1960 EVERGREEN AVE. JACKSONVILLE FL 32206	615 QUAIL LN. MACCLENNY FL 32063

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-373-6238 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOODMAN, SHENAVIAN F 615 QUAIL LN. MACCLENNY FL 32063	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCGLASHON, AINSWORTH 900 BROWARD RD., APT. #J145 JACKSONVILLE FL 32209	☐ Delete	Secretary Consuella R. Lennox 12021 Mc. Cormick Rd 1704 Jacksonville, Florida 32225	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOODMAN, RICHARD 615 QUAIL LN. MACCLENNY FL 32063	☐ Delete		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MALONE, RODNEY 1212 W. 16TH ST. JACKSONVILLE FL	☐ Delete	Trustee Rodney Malone 2616 W. 16th St Jacksonville Fla. 32206	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILLIAMS, LESTER LEE JR 800 BROWARD RD., APT. #K205 JACKSONVILLE FL 32209	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WILLIAMS, JANICE A 800 BROWARD RD., APT. #K205 JACKSONVILLE FL 32209	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOODMAN, SHENAVIAN F 615 QUAIL LN. MACCLENNY FL 32063	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: Shenavian F. Goodman, Treasurer — 4/10/03 — 904-653-2512
SHENAVIAN F GOODMAN TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #