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

DOCUMENT # N0200008052

1. Entity Name



FILED Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90187 040 ****70.00

METROPO	DLITAN BIBLE CHAPEL COF							
Principal Place of Business 8040 NE 8 COURT MIAMI FL 33138		Mailing Address 8040 NE 8 COURT MIAMI FL 33138		- (nomi) ill one	HELI GOOR GOON BANK GON LAND	- En 1811 80101 01	15 2 1 55 182 1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			HECK HERE IF MAKING	CHANGES		
City & State		City & State		4. FEI Number	0752460	Ar	pplied For	
Zip 33	138 Country	33138	Country	5. Certificate of Stat	us Desired	\$8.75 Add	litional	
	6. Name and Address of Currer	nt Registered Agent		7. Name and Addre	ss of New Registered A	gent		
SUTHERLAND, KEVIN 8040 NE 8 COURT MIAMI FL 33138			Street Address (P.O. Box Number is Not Acceptable)					
			City		FL	Zip Cod	e	
8. The above the obligat	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered age	Zuherlen	J		e State of Florida. I am f	amiliar with,	and accept	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	\$5.00 May Be Make Check Payable to Florida Department of State			
10.	OFFICERS AND C		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIF	RECTORS IN		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD SUTHERLAND, KEVIN 3040 NE 8 COURT MIAMI FL 33138	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	1	F037 (10/02
STREET ADDRESS	D CHAPPELLAN, STEVE 8040 NE 8 COURT MIAMI FL 33138	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	S. C.
TITLE NAME	D CARREY, ARCHIE 8040 NE 8 COURT MIAMI FL 33138	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	energia de la composição		Change -	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied wi	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	

indicated on this report or supplemental reports 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 differ like empowered

SIGNATURE: