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

## Sep 08, 2003 8:00 am Secretary of State DOCUMENT # N02000008894 1. Entity Name 09-08-2003 90130 006 \*\*\*\*61 25 REMNANT MISSION, INC. Principal Place of Business Mailing Address 30838 LUHMAN COURT 30838 LUHMAN COURT WESLEY CHAPEL FL 33543 WESLEY CHAPEL FL 33543 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Numbe Applied For Ος Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIGGS, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) 29715 FOREST GLEN DR. **WESLEY CHAPEL FL 33543** City Zip Code 8. The above named entitive 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE 🐎 PRES ☐ Delete TITLE ☐ Addition NAME \* RYU. ALEXANDER Y NAME STREET ADDRESS 30838 LUHMAN COURT STREET ADDRESS CITY-ST-ZIP Wesley Chapel FL 33543 CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition witkowski, Chester Jr. NAME STREET ADDRESS 1401 DEERBOURNE DRIVE STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL FL 33543 CITY - ST - ZIP Delete TITLE Change Addition RYU, ANNA S NAME NAME STREET ADDRESS \$30838 LUHMAN COURT STREET ADDRESS CITY-ST-ZIP **WESLEY CHAPEL FL 33543** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME

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 repair 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED