2003 NOT-FOR-PROFIT CORPORATION

Apr 14, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N02000009347 04-14-2003 90416 050 ****70.00 JESUS CHRIST BIBLE TEACHING CHURCH, INC. Principal Place of Business NEW ADDRESS Mailing Address 7050 NE 19 AUE NORTH MIAMI BEACH 17250 NETGAVE FL 33162 NIETH MIAMIBEACH FL 33162 Principal Place of Business 3. Mailing Address 7250 NE CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number 41 - 20697*52* Applied For City & State City & State Nesth Maul Not Applicable 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 NEW ADDRESS. 17250 NE 19 AUE NORTH MIAME BEACH FL 33/62 BORONAT, WILLIAM Street Address (P.O. Box Number is Not Acceptable) City 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. SIGNATURE³ Stonature, 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 FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 17250 NE 19 NE 1 Delete Change TITLE ☐ Addition BORONAT, LYDIA V North MIAMI BOXIT NAME NAME STREET ADDRESS FLI 33162 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP D۷ ☐ Delete Change ☐ Addition NAME BORONAT, WILLIAM NAME STREET ADDRESS STREET ADDRESS CITY²ST-ZIP≧ → CITY-ST-ZIP TITLE DST ☐ Delete TITLE Change ☐ Addition 1/ NAME DIAZ, FRANCISCO J NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ČITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 adders, with all other like empowered.

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FILED