2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003
Secretary of State

DOCUMENT# N02000009505

Entity Name: ONE MISSION MINISTRY, INC.

Current Principal Place of Business:

4908 HIGHVIEW DRIVE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

4908 HIGHVIEW DRIVE
APOPKA, FL 32712

New Mailing Address:

FEI Number: 13-4227889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELGADO, EFRAIN
4908 HIGHVIEW DRIVE
APOPKA, FL 32712

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DELGADO, EFRAIN
Address: 4908 HIGHVIEW DRIVE
City-St-Zip: APOPKA, FL 32712

Title: VD ( ) Delete
Name: ROQUE, LYDIA
Address: 4908 HIGHVIEW DRIVE
City-St-Zip: APOPKA, FL 32712

Title: TD ( ) Delete
Name: ROQUE, PEDRO
Address: 4908 HIGHVIEW DRIVE
City-St-Zip: APOPKA, FL 32712

Title: SD ( ) Delete
Name: DELGADO, JEANNETTE
Address: 4908 HIGHVIEW DRIVE
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: DELGADO, EFRAIN
Address: 4908 HIGHVIEW DRIVE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EFRAIN DELGADO PD 04/28/2003

Electronic Signature of Signing Officer or Director — Date