2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000004709 OL OCT -4 AM 11: 26 UNITED APOSTOLIC MINISTRIES INTERNATIONAL, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address **5755 CHAIRES CROSS ROAD 5755 CHAIRES CROSS ROAD** TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317 3. Mailing Address P.O. Box 2. Principal Place of Business 998 Suite, Apt. #, etc. Suite, Apt. #, etc 01152004 Cha-NP CR2E037 (10/03) -1 4. FEI Number 71-093/120 City & State City & State Applied For Tallahassee Florida Not Applicable Country USA Žip Country \$8.75 Additional 5. Certificate of Status Desired - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMMOCK, CASSIE 5755 CHAIRES CROSS ROAD Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32317 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Chairman/Director Bishop Freeman Dowis, Jr. 5755 Chaires Cross Road TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 900041569579 10/04/04--01035--002 **61 STREET ADDRESS STREET ADDRESS **61.25 Tallahassee FL 32317 CITY - ST - ZIP CITY-ST-ZIP 1st Chairman | Director Elder James Knolton, Sr TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 3031 Long St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Och locknes, GA CITY-ST-ZIP 201 Chairman / Director Elder Lewis Bruce TITLE Delete ☐ Change ☐ Addition NAME NAME 421 webster st STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Thomasville, GA CITY-ST-ZIP TITLE Treasurer ☐ Delete TITIF Change ☐ Addition Elder Edith W. Hell 2755 N. Sandal Wood Dr. NAME NAME STREET ADDRESS STREET ADDRESS Tallahassee, FL 32305 CITY-ST-ZIP CITY-ST-ZIP Scretary Minister Cassie Hammock 5755 Chaires Cross Road TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tallahassee, FL 32317 CITY-ST-ZIP TITLE TITLE Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 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.