


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

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90155 021 \*\*\*\*61.25

|  |   |
|--|---|
| DOCUMENT # <b>N04000004370</b>   |  |
| 1. Entity Name<br><b>FACE OF THE LORD CHURCH OF GOD MINISTRY, INC.</b> |   |

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|   |                           |   |                           |
|---|---------------------------|---|---------------------------|
| 2. Principal Place of Business<br><b>7664 WILES RD</b><br>Suite, Apt. #, etc. <b>7664</b> |                           | 3. Mailing Address<br><b>3061 NE 11th AVE</b><br>Suite, Apt. #, etc. <b>1</b> |                           |
| City & State<br><b>CORAL SPRINGS, FLORIDA</b>   |                           | City & State<br><b>Pompano Bch, FLORIDA</b>                                   |                           |
| Zip<br><b>33067</b>   | Country<br><b>Broward</b> | Zip<br><b>33064</b>   | Country<br><b>Broward</b> |

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|                                   |  |   |  |  |
|-----------------------------------|--|---|--|--|
| <b>DO NOT WRITE IN THIS SPACE</b> |  | 4. FEI Number<br><b>13-427 9908</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable |
|                                   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |  |
|                                   |  | 7. Name and Address of Current Registered Agent   |  |  |
|                                   |  | Name<br><b>ARLEINE BIEN-AIME</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3061 NE 11th AVE</b><br>City<br><b>Pompano Bch</b> FL Zip Code<br><b>33064</b> |  |  |

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

*Arleine Bien-Aime*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-23-05**

DATE

|  |   |  |
|--|---|--|
| <b>FEE IS \$61.25</b><br><b>Initial or Amended UBR</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                     |   |  |                                   |
|--|---|--|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT (PASTOR)</b><br><b>ARLEINE BIEN-AIME</b><br><b>3061 NE 11th AVE</b><br><b>Pompano Bch FL 33064</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TREASURER</b><br><b>NARCISSE JACQUES</b><br><b>7545 NW 44th</b><br><b>CORAL SPRINGS, FL 33067</b>            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Consellor</b><br><b>Aurelius MARCELLUS</b><br><b>3061 NE 11th AVE</b><br><b>Pompano Bch, FL 33064</b>        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Secretary General</b><br><b>Rodeney DORVILLE</b><br><b>CORAL SPRINGS, FL 33067</b>                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Arleine Bien-Aime*

**4-23-05**

CR2E037B (12/02)