2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 24, 2008 8:00 am Secretary of State DOCUMENT # N06000004900 1. Entity Name 04-24-2008 90111 022 ****61.25 CHINESE CHRISTIAN GOSPEL CHURCH IN MIAMI, INC. Principal Place of Business Mailing Address 9811 SW 96 STREET MIAMI FL 33176 9811 SW 96 STREET MIAMI FL 33176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 20-5006610 Not Applicable Zip Country 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 ADMIRE, JOHN G-ESQ. 2555 PONCE DE LEON BOULEVARD Street Address (P.O. Box Number is Not Acceptable) SUITE 320 CORAL GABLES FL 33134 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and the 4 applicable. (NOTE: Bay stered Agent signature red ared when reinstating) ina haraya. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State inin halamatika kija k OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition CHANG, LUCIA NAME NAME 9811 SW 96 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-7/P TITLE ☐ Delote Title Change Addition CHEN, RENEW NAME NAME 9811 SW 96 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP CITY-ST-ZiP TITLE **☑** Delete TITLE Change ■ Addition CHAO, TONY NAME NAME 9811 SW 96 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33176 CITY-ST-7IP CITY-ST-ZIP THE ☐ Dalete TITLE Change ☐ Addition NAME NA 1E STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete THEE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. 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 artischment with an address, with all other like empowered. SIGNATURE:

CITY-ST-7/P

CITY-ST-ZIP