FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State **DOCUMENT # N07288** ROSE OF SHARON MINISTRIES, INCORPORATED 05-13-2002 90122 035 ****70.00 Principal Place of Business Mailing Address 285 NW 199 STREET 285 NW 199 STREET Runapaaa MIAMI FL 33169 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-2492742 Not Applicable Zip Country Zip 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 Street Address (P.O. Box Number is Not Acceptable) HAIRSTON, ELIZABETH 16911 W 36 COURT MIRAMAR FL 33027 Zip Code FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **VPT** TITLE ☐ Delete TITLE ☐ Change ☐ Addition PARRISH, SHERRON NAME NAME STREET ADDRESS 3541 SW 144 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33027 ☐ Delete TITLE Change ☐ Addition CORTES, DIONE NAME STREET ADDRESS 9013 NE 2 AVE STREET ADDRESS CITY-ST-ZIP ELPORTAL FL 33138 CITY-ST-7!P TITLE ☐ Delete TITLE Change ☐ Addition NAME HAIRSTON, ELIZABETH NAME STREET ADDRESS 16911 SW 36 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33027 ☐ Delete TITLE Change Addition PARRISH, CARL NAME NAME STREET ADDRESS 3541 SW 144 AVENUE STREET ADDRESS CITY-ST-7/P MIRAMAR FL 33007 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition INGRAM-LEONARD, REBECCA NAME NAME STREET ADDRESS 1313 NW 36TH ST. #200 STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition LENDERMAN, WILLIAM NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

1382-C LOMALAND

EL PASO TX

STREET ADDRESS

CITY-ST-ZIP

to o

205-249-2296