2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N07862 Apr 11, 2000 8:00 am Secretary of State WAY OF LIFE ASSEMBLY OF GOD, INC. 04-11-2000 90170 029 ****70.00 Principal Place of Business Mailing Address 11810 NW 19TH STREET 11810 NW 19TH STREET **PLANTATION FL 33323-2117** PLANTATION FL 33323 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2710705 Not Applicable Zip Country \$8,75 Additional Country X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) NORRIS, DAVID 11810 NW 19TH ST. PLANTATION FL 33323 Zip Code City 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition TITLE TITLE **PDM** ☐ Delete NAME NAME NORRIS, DAVID L STREET ADDRESS STREET ADDRESS 11810 NW 19TH ST CITY-ST-ZIP CITY-ST-ZIP <u>PLANTATION FL</u> Change ☐ Addition ☐ Delete TITLE TITLE D NAME NAME CHANG, LYNUE STREET ADDRESS STREET ADDRESS 4520 S W 133TH AVENUE CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33330 **Change** ☐ Addition Delete TITLE TITLE DT NAME NAME MONTELEONE, SAL STREET ADDRESS STREET ADDRESS 1861 N W 106TH TERRACE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 <u>Platnation</u> fl Change ☐ Addition TITLE DS ☐ Delete TITLE NAME NAME COVERT, KEVIN STREET ADDRESS STREET ADDRESS 2153 NW 45TH AVENUE CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33066 ☐ Addition ☐ Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

SIGNATURE: SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone #

changed, or on an attachment with an address, with all other like empowered