## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # N20421** Jul 13, 2000 8:00 am 1. Entity Name **Secrétary of State** ARMOUR OF GOD MINISTRIES, INC. 07-13-2000 90022 026 \*\*\*\*61.25 Principal Place of Business Mailing Address 3020 SW 61ST AVE P O BOX 849147 PEMBROKE PINES FL 33084-1147 DAVIE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0221122 Not Applicable \$8.75 Additional Zip Country Zip Country Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LORING, REV. PHILIP KENNETH 1154 LAKEPOINTE LANE BLDG 14 PLANTATION FL 33322 Zip Code City 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. Department of State Added to Fees FEE IS \$61.25 9×4 1793 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition **PDS** Change TITLE Delete TITLE Loring. Philip Kenneth NAME NAME STREET ADDRESS STREET ADDRESS 1154 LAKEPOINTE LANE #14 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 ☐ Addition TITLE VDT ☐ Delete ☐ Change NAME Loring, Philip C NAME STREET ADDRESS 7361 NW 35TH ST, #1E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Addition ☐ Delete TITLE TITLE SANFORD, CHARLES DR. NAME NAME STREET ADDRESS STREET ADDRESS 520 GRENADE DR. CITY-ST-ZIP CITY-ST-ZIP FOREST PARK GA ☐ Change ☐ Addition ☐ Delete TIT! F TITLE LA FALCE, TONY NAME NAME STREET ADDRESS STREET ADDRESS 1701 N. 45TH AVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 SD ☐ Addition SD ☐ Delete Change TITLE TITLE NAME GALLO, LISA A NAME LORING, LISA A STREET ADDRESS STREET ADDRESS 531 NE 134TH ST 1154 LAKEPOINTE LANE #14 CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL 33161 PLANTATION, FL 33322 Delete TITLE ☐ Change ☐ Addition 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JULY 5.2007 5 2000 (954) 593 - 1397