2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 11, 2000 08:00 AM DOCUMENT # N21589 **Secretary of State** HOLY TEMPLE #2 CHURCH OF CHRIST UPON THE ROCK OF THE A POSTOLIC FAITH, INC. Principal Place of Business Mailing Address 202 N.E. 11TH AVE. 1800 N.W. 9TH AVE. BOYNTON BCH. FT. LAUDERDALE FL FL. 33311 33311 2. Principal Place of Business 3. Mailing Address 806 N W 18TH STRFFT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FORT LAUDERDALE FL 65-0002997 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 33311 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, ERNEST ELDER JOHNSON, ERNEST ELDER 4470 NW 65 AVE Street Address (P.O. Box Number is Not Acceptable) 4470 NW 65 AVE FT. LAUDERDALE City Zip Code FT. LAUDERDALE 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. 07/11/2000 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) ญ็หญ่≥าเก็ ก็เรียกได้ FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate SD TITLE SD ☐ Addition NAME CURTIS, HENRY DEA. NAME RAYMOND, CYNTHIA STREET ADDRESS 2880 S.W. 2ND ST. STREET ADDRESS 1506 N.W. 18TH. COURT CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FLFT. LAUDERDALE FL33311 TITLE ☐ Delete PD | Change ☐ Addition NAME JOHNSON, ERNEST ELDER NAME JOHNSON, ERNEST ELDER STREET ADDRESS 3420 N W 35 STREET STREET ADDRESS 4470 N.W. 65TH. AVENUE CITY-ST-ZIP FT. LAUDERDALE \mathbf{FL} CITY-ST-ZIP FT. LAUDERDALE \mathbf{FL} 33319 TITLE Delete TITLE VD X Change Addition NAME NAME ROBINSON, LUCIUS ELDER MURCHISON, ERNEST STREET ADDRESS 5251 N.E. 8TH AVE STREET ADDRESS 865 N.W. 97TH. AVENUE CITY-ST-ZIP POMPANO BCH CITY-ST-7iP PLANTATION FL, \mathbf{FL} 33324 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAR/F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME 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 changed, or on an attachment with an address, with all other like empowered.