2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am Secretary of State **DOCUMENT # N23049** 04-04-2001 90107 039 ****61.25 STREET CHURCH MINISTRIES, INC. Principal Place of Business Mailing Address 4802 SW 51\$T ST 4802 SW 51ST ST DAVIE FL 33328 DAVIE FL 33328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0133818 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 Street Address (P.O. Box Number is Not Acceptable) BENEBY, GEORGE MILTON 2816 S.W. 4TH STREET FT. LAUDERDALE FL 33312 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. 7.5 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE Delete TITLE Change ☐ Addition BENEBY, GEORGE MILTON NAME NAME STREET ADDRESS STREET ADDRESS 2816 S.W. 4TH STREET CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL SD TITLE Delete TITLE ☐ Change Addition BENEBY, ALICE L. NAME NAME STREET ADDRESS 2816 S.W. 4TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL TITLE Delete TITLE Chance Addition TD. - - -MOSS ELISHA JR. NAME" NAME MOSS ELISHA JR. STREET ADDRESS 3501 JACKSON ST OX-411 STREET ADDRESS 5014 SW 23 ST. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD HILLS FL WEST HOLLYWOOD, FL 33023 . ☐ Chance TITLE ☐ Delete TITLE Addition NAME NAME 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 TITLE TITLE Delete ☐ 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.

SIGNATURE: GEORGE M. Beneby Beneby Benefy 3-11-01 (S
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-11-01

11-01 (654) 587-177₈-C