2003 NOT-FOR-PROFIT CORPORATION

May 05, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N24850** 1. Entity Name 05-05-2003 92210 049 ****61.25 JESUS CHRIST INTERNATIONAL, INC. Principal Place of Business Mailing Address **021095 4841 NW 17TH CT. P.O. BOX 190213 FORT LAUDERDALE FL 33319 LAUDERHILL FL 2. Principal Place of Business 3. Mailing Address 2920 CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. City & State Applied For 4. FEI Number 65-0039102 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARK; FREEMON A. Street Address (P.O. Box Number is Not Acceptable) 203 NE 17 CT. POWANO BEACH FL 33060 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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 \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition POOLE, ALGIE B., JR. NAME NAME 7441 NW 36TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 TITLE Delete TITLE Imena Ford Southwest 13 Avenue # 1 Fort Lauderdole, F1 33312 SHITE, TENISHIA NAME Wilhelmena STREET ADDRESS 4510 WEST OAKLAND PARK BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33313 TITLE ☐ Delete TITLE ☐ Addition **NELSON, TONYA** NAME 7770 NW 78TH AVE. APT. 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME 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 attachm with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP