2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 08, 2001 8:00 am Secretary of State **DOCUMENT # N26937** MISHKAN T'HILLAH (TABERNACLE OF PRAISE) WORSHIP 02-08-2001 90050 036 ****61.25 Principal Place of Business Mailing Address 2820 N.W. 167TH TERRACE 2820 N.W. 167TH TERR. MAATAATA MIAMI FL 33056 MIAMI FL 33055 HS US 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 65-0102818 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 Name Street Address (P.O. Box Number is Not Acceptable) HARBIN, WILBUR T., SR. 3316 ONYX ROAD MIRAMAR FL 33025 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARBIN, WILBUR T., SR. NAME STREET ADDRESS 3316 ONYX ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL TITLE **VD** ☐ Delete TITLE Change Addition NAME **BROWN, YVONNE** NAME STREET ADDRESS 2735 RIVER RUN CIRCLE EAST STREET ADDRESS CITY-ST-ZIP== MIRAMAR FL 33025 CITY-ST-ZIP TITLE STD ☐ Delete TITLE Change ☐ Addition NAME SILVERA, MADGE NAME STREET ADDRESS STREET ADDRESS 3317 GARNET RD CITY-ST-ZIP CITY-ST-7/P MIRAMAR FL TITLE ☐ Delete TITLE Change ☐ Addition NAME FARMER, EDRICKA NAME STREET ADDRESS 3301 NW 182ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33055 TITLE ☐ Delete ☐ Change ☐ Addition MOODY, BRIGETTE 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 attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE: /// SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

20014 NW 12 PL

MIAM! FL 33169

2-5-01

<u>(954) 431-0797</u>

☐ Change

☐ Addition