2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2001 08:00 AM N28887 DOCUMENT # 1. Entity Name **Secretary of State** DIAKONIA MINISTRY, INC. Principal Place of Business Mailing Address %JEANETTE V. TAYLOR %JEANETTE V. TAYLOR 1885 CLEMATIS LANE 1885 CLEMATIS LANE WINTER PARK FL WINTER PARK FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-2957287 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 TAYLOR, JEANETTE V. Street Address (P.O. Box Number is Not Acceptable) 1885 CLEMATIS LANE WINTER PARK FL32792 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. 04/24/2001 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 Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D Delete TITLE D Change ☐ Addition NAME NAME GOLSTEYN NANCY GOLSTEYN NANCY STREET ADDRESS STREET ADDRESS 1019 BIRKDALE TRAIL 102 CIRCLE HILL ROAD CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS SANFORD 32708 FT. 32773 TITLE ☐ Delete TITLE X Change ☐ Addition NAME GOLSTEYN TERRY NAME GOLSTEYN TERRY STREET ADDRESS STREET ADDRESS 1019 BIRKDALE TRAIL 102 CIRCLE HILL ROAD CITY-ST-ZIP WINTER SPRINGS FT. 32708 CITY-ST-ZIP SANFORD FL. 32733 TITLE Delete TITLE Change ☐ Addition NAME TAYLOR, JEANETTE V. NAME STREET ADDRESS STREET ADDRESS 1885 CLEMATIS LANE CITY-ST-ZIP WINTER PARK CITY-ST-ZIP FL. TITLE Delete TITLE Change 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 □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

SIGNATURE: _

CITY-ST-ZIP

Jeanette V. Taylor

DΡ

04/24/2001

CR2E037 (11/00)