2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41621 1. Entity Name TOBIYAH INTERNATIONAL MINISTRIES, INC. Principal Place of Business Mailing Address 11820 HACIENDA HEIGHTS 11620 HAGIENDA HEIGHTS SAME **DEWEY AZ 86327** DEWEY AZ 88327-5711

FILED Jul 13, 2000 8:00 am Secretary of State 07-13-2000 90018 035 ****61.25

9400 E. MANZANITA CIVIDE	
Prescott VAlley, AZ 86314	
Principal Place of Business 3. Mailing Address	
	rele
Suite, Apt. #, etc. Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State City & State	4. FEI Number Applied For
City & State Rescott Valley AZ Prescott Valley	4. FEI Number 59-3103313 Applied For Not Applicable
Zip Country Zip Country	\$9.75 Additional
86314 USA 86314 USA	5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Name	the second of th
<u> </u>	dress (P.O. Box Number is Not Acceptable)
SIMONIC, NICHOLAS I	taleds (1.5. Box Halliss is Net resoptable)
8750 PERIMETER PARK BLVD.	
JACKSONVILLE FL 32256	Zip Code
Oity	FL 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.	
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature	re required when reinstating) DATE
FILE NOW: 9. Election Campaign Financing	\$5.00 May Be Make Check Payable to
FEE IS \$61.25 Trust Fund Contribution.	Added to Fees Department of State
	ADDITIONAL COLUMNICATION OF THE PROPERTY AND
10. OFFICERS AND DIRECTORS 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE DP Delete TITLE NAME WARD, ALAN 9400 & MANZANITA CARLE NAME	1 Change ☐ Addition
	9400 E. MANZANITA CIVILE
11797 11797	
DETICE ME BOOKE	Rescott Valley, AZ 86314
TITLE DST Delete TITLE	9400 E- WANZANTA CITCLE
WAID, DAILOIL L	9400 Er MANZANTA Crede
11020 THEOLEGAY FICTORIA	Prescott UAlley AZ 86314
DEWET RZ 00321	☐ Change ☐ Addition
TITLE D Delete TITLE NAME SCOULER RICHARD	. Colonide — Madition
OCCOLLI, MICHAEL	
1404 IELEGIVATI TILLE DIS.	
WORKAT UT 64123	Change ☐ Addition
TITLE ☐ Delete TITLE NAME NAME	. Onlinge Addition (
NAME NAME STREET ADDRESS STREET ADDRESS	•
CITY-ST-ZIP CITY-ST-ZIP	
	☐ Change ☐ Addition
TITLE Delete TITLE NAME NAME	रा cuange ा vacuusu
NAME NAME STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
	Change ☐ Addition
TITLE . Delete TITLE	C cuande C Adouton
	1
NAME NAME STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	

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:

520-772-3095

Daytime Phone #

00PS1

Sorry About All the crossing out, etc.

I made changes before reading instruction.

I hope it is still use-Able.

ALAN