2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED Apr 14, 2000 8:00 am Secretary of State **DOCUMENT # N41711** 1. Entity Name NEW FELLOWSHIP CHRISTIAN CENTER, INC. 04-14-2000 90105 038 ****61.25 Principal Place of Business Mailing Address 240 BAHMAN AVENUE 240 BAHMAN AVENUE OPA LOCKA FL 33054 OPA LOCKA FL 33054-3373 834110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0220051 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent mmue Address (P.O. Box Number LARKIN, FLOYD W **2011 NW 151ST STREET** OPA LOCKA FL 33054 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 .j.(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD Delete TITLE Pastor Change TITLE Dr. Jimmye Larkin LARKIN. FLOYÓ W NAME Street 2011 NW P51 STREET ADDRESS 2011 NW 151ST ST Deceased STREET ADDRESS Lo cka CITY-\$T-ZIP CITY-ST-ZIP OPA LOCKA FL ☐ Delete TITLE Change Addition TITLE COLEY, RALPH NAME NAME STREET ADDRESS 3480 NW 208 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAROL CITY FL ☐ Change ☐ Addition TITLE ST ☐ Delete TITLE NAME OSBORNE, JOHN NAME STREET ADDRESS STREET ADDRESS 814 SW 172ND TERR CITY-ST-ZIP CITY-ST-ZIF PEMBROKE PINES FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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 li

Daytime Phone #