2000 UNIFORM BUSINESS REPORT (UBR)

5/5

FILED
Jun 05, 2000 8:00 am
Secretary of State
05-05-2000 90071 036 ****61.25

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1. Entity Name

CHOSEN GENERATION MINISTRIES CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
940 CALIPH STREET OPA LOCKA FL 33054	940 CALIPH STREET OPA LOCKA FL 33054-3507

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0766973 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETERSON, JOHN LEE JR. 940 CALIPH STREET OPA LOCKA FL 33054	Name Street Address (P.O. Box Number is Not Acceptable) City **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PETERSON, JOHN LEE JR. 901 SALIH ST. OPA LOCKA FL 33054	☐ Delete	TITLE D NAME Co-PASTOR STREET ADDRESS LaVERNA E. Peterson CITY-ST-ZIP 16215 SW 26TH ST Miramar FL 33027	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T IRENE HAYES 1079 NW 61ST ST MIAMI FL	☑ Delete	TITLE T NAME Church Clerk STREET ADDRESS MARY B. BROWN CITY-ST-ZIP 15401 NW 29TH COURT OPA-LOCKA, FL 33054	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JESSE HAYES 1019 NW 61ST ST MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FRANICS, PHILIP 820 SALIH ST. OPA LOCKA FL 33054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition

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.

SIGNATURE: John L. R. Peterson 4/26/2000 (305) 681-1654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ICR2E037 (9/99)