2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 08, 2000 8:00 am Secretary of State DOCUMENT # N93000001612 1. Entity Name Ministries of Great Beginnings, Inc. 06-08-2000 90032 043 ****61.25 Principal Place of Business Mailing Address 5625 Central Avenue 5625 Central Avenue St. Petersburg, FL St. Petersburg, FL 33710 33710 00060617 IIS IIS 2. Principal Place of Susiness 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3191597 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name_ ومساح والمراجع والمحاصوان 3 - 2 - 4 - 4 - 3 - 5 Chechele, T. S. Street Address (P.O. Box Number is Not Acceptable) 5625 Central Avenue St≈Petersburg, FL 33710 Zip Code City 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) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME Cantrell, Larry STREET ADDRESS STREET ADDRESS 5971 Blossom Lake Drive Seminole, FL 33772 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE Foltz, Dick NAME NAMÉ 5422 Parkside Village W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP St. Petersburg, FL 33709 CITY-ST-ZIP Cantrell, Susie Dichange TITLE _STI ☐ Addition . TITLE Delete. White, Susie NAME NAME 971 Blossom Lake Dr. 5971 Blossom Lake Drive STREET ADDRESS STREET ADDRESS Seminole, FL 33772 eminole, Fl. 33772 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME Dunn, Kay 5755 6th Avenue No. Ste. C-43 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP St. Petersburg, FL 33710 Change Continuation [] TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE: