2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2001 8:00 am Secretary of State DOCUMENT # N9400000319 1. Entity Name 05-16-2001 90060 030 ****69.50 THE EVANGELISTIC DELIVERANCE INTERNATIONAL MINIS Principal Place of Business Mailing Address P.O BOX 490138 P.O BOX 490138 FT. LAUDERDALE FL 33349 FT. LAUDERDALE FL 33349 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0356349 Not Applicable Zip Country 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 Name_ Street Address (P.O. Box Number is Not Acceptable) RICE, BILLY 2710 SOMERSET DR. FT. LAUDERDALE FL. 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE PD Delete TITLE ☐ Change NAME RICE. BILLY NAME STREET ADDRESS STREET ADDRESS 2710 SOMERSET DR. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33310 Change ☐ Addition TITI F ☐ Delete TITLE NAME RICE, RUBY STREET ADDRESS STREET ADDRESS 2710 SOMERSET DR. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33310 TITLE - □ Delete TITLE . ☐ Change Addition NAME DUCKWORTH, SALLY NAME STREET ADDRESS STREET ADDRESS 2408 NW 27 AVE. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME BILLIE, CHESTENE STREET ADDRESS STREET ADDRESS 3500 NW 3RD ST CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITI F ☐ Delete ☐ Addition TITLE Change NAME BETHEL, RICK NAME STREET ADDRESS STREET ADDRESS 530 CAROLINA AVE. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME THOMPSON, MATTHEW NAME STREET ADDRESS 2520 NW 27 AVE. 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 attachroent with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

FT. LAUDERDALE FL