FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jul 17, 2000 8:00 am DOCUMENT # 7 94000005041 Secretary of State THE CURRY MINISTRIES, INC. 07-17-2000 90071 003 \*\*\*\*70.00 Principal Place of Business The Curry Ministries, Inc. P.O. Box 2332 3127 Sir Hamilton Cin Sanford, FL. ~~uui uu Sanford, FL. haville 12, 32780 3. Mailing Address P.O. Box 2332 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State SanBro Titusville,1 59-3*272*232 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MINISTER Robert E. Curry, JR. 3127 Sir Homilton Con Street Address (P.O. Box Number is Not Acceptable) Titusville, FL 32780 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. 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Prasidonit Change Addition ☐ Delete TITLE Robert E. Curry, JR. 3127 Sir Hamilton Cir. NAME NAME Frage of Hall product 1 1 3 STREET ADDRESS STREET ADDRESS ,, } ; Titusville, FL. 32788 CITY-ST-ZIP CITY-ST-ZIP VICE - President Knthken P. Gray 1176 Lost Trail Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS Ft. WAI toN BEACH, F1. 32547 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TIT) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS Ft. WALTON Beach, Fd. 32547 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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

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SIGNATURE: