2003 NOT-FOR-PROFIT CORPORATIONS UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2003 8:00 am Secretary of State

04-28-2003 90280 028 ****61.25

☐ Change

☐ Addition

1. Entity Nar	IMENT# N95000 THA BAPTIST-CHURCH OF E		VC VC			04-28-2003 90.	280 028 *****	···61.25	
3825 N.W. 31 AYE. 93		Malling Address 830 SW 30TH AVE FORT LAUDERDALE FL 33312					; JUUZ I QU	₩U	
		us 	·]])	P ina ia		
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address			INEN OLUM CIRALI ORNAL ORNAL DO	IU dovo ura u <u>re</u> tik i	MAN AN INA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0556378			pplied For	
Zip Country		Zip	Country		5. Certificate of Status Desired		\$8.75 Ad	\$8.75 Additional Fee Required	
		7. Name and Address of New Registered Agent							
			Name	_					
930 SW	UNT, MICHEL REV. 30TH AVENUE AUDERDALE FL 33312		Street Address (P.O. Box Number is Not Acceptable)				
PUNI LA	**************************************		City			Zip Coo	le l		
SIGNATURE	Signature, typed or printed name of registered agent of FILE NOW: FEE IS \$61.25	<u> </u>	:: Registered Agent signs apaign Financing ontribution.	itura raquired	\$5.00 May Be Added to Fees		eck Payable		
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Toussaint, Louise 930 S.W. 30 Ave. Ft. Lauderdale Fl. 33312	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	AG 75	eLot De	berty Biri	Change Selle	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FRIMANCE, JEAN 2724 SOUTHWEST 8TH ST FORT LAUDERDALE FL 33312	Delete	NAME STREET ADDRESS CITY-ST-ZIP	DE 16	24 SW	DELICE 5 PLACE dale, P.	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	TOUSSAINT, MICHEL 930 S.W. 30 AVE. FT. LAUDERDALE FL 33312	☐ Delets	NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	VCD TELFORT, INEL 120 NW 52 CT	Deleta	TITLE NAME STREET ADDRESS				Change	Addition	
CITY-ST-ZIP	FT. LAUDEROALE FL 33311	<u></u>	CITY-ST-ZIP	<u> </u>		·			
TITLE	Į	Delete	TITLE				☐ 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 turther 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

MAME

SIGNATURE REQUIRED SULF SULAN CONTROL PRINTED HAME OF SIGNING OFFICER OR DIRECTOR