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

DOCUMENT # N95000005690

1. Entity Name

SIGNATURE:

LOGOS DIVINE ANOINTED MINISTRIES CHURCH, INC.



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90143 041 ****70.00

Principal Plac	s	ng Address			7					
1202 S. RIDGEWOOD AVE DAYTONA BEACH FL 32114			P O BOX 6028 DAYTONA BEACH FL 32122					-		
2. Principal I	Place of Busin	ness	3. Ma	iling Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State			····				Applied For
Zip Country			Zip		Cou	untry	5. Certificate of St.		\$8.75 A	Not Applicable
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
. ,						Name				
463 NOR	, roderick ITH Pleas A Beach Fi	SANT ST				Street Address (P.O. Box Number is Not Acceptable)				
DATION	A DEACH II	L UZ114				City	· · · · ·	FL	Zip Co	ode
8. The above	named entity	submits this statement for	r the purp	ose of changing its	registere	d office or registe	red agent, or both, in		- I	n, and accept
the obliga	tions of regist	ered agent.			Ţ	·	•			
SIGNATURE					·					
3	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	: Registere	d Agent signature required	d when reinstating)	DATÉ		
I	FILE NOW	: FEE IS \$61.25		9. Election Can Trust Fund C	. •		\$5.00 May Be Added to Fees	Make Chec Florida Depai		
10.		OFFICERS AND DIF	RECTORS		11.		I ADDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS	IN 10
title Name	PD	RODERICK D		☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS		EASANT ST			NAMi STRE	ET ADDRESS				
CITY-ST-ZIP		BEACH FL 32114			CITY	-ST-ZIP				
TITLE NAME	VD Mobley, S	CANDDA C		☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS	463 N. PLE				NAM! STRE	ET ADDRESS				
CITY-ST-ZIP		BEACH FL 32114			CITY-	-ST-ZIP				
TITLE	D	00101/ 0		Delete	TITLE	مار مهوجه أرباني	2		_ Change	Addition
NAME STREET ADDRESS		RRICK C			NAME	ET ADDRESS	"			
CITY-ST-ZIP		DERDALE FL 33312				ST-ZIP				
TITLE				Delete	TITLE				Change	☐ Addition
NAME					NAME					
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS ST-ZIP				
ITLE				☐ Delete	TITLE				☐ Change	Addition
IAME	l				NAME	:				
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS				
TITLE				☐ Delete	TITLE	ST-ZIP			Change	☐ Add@c-
IAME				La Delete	NAME				Change	☐ Addition
STREET ADDRESS					STREE	DDDRESS	_			
CITY-ST-ZIP					/ -	ST-AP)		
I hereby of indicated of the corporate changed,	certify that the on this report poration or the or on an attac	information supplied with or supplemental report is preceiver or trustee empo supplied with an address, w	this filing true and a wered to a vith all oth	does not/qualify for accurate and that m execute this report a x like empowered.	the exen y signatu as require	nption stated in Se ure/shall have the s ed by Chapter 617	ction 119.07(8)(i), Flor same legal effect as if , Florida Stalutes; and	da Statutes. I further cer made under oath; that I a that my name appears in	rtify that the am an office n Block 10 o	information or director or Block 11 if