2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED DOCUMENT # **N97000001272** Mar 17, 2000 8:00 am **Secretary of State** HERBERT JOHNSON JR. EVANGELISTIC ASSOCIATION INC 03-17-2000 90026 032 ****70.00 Principal Place of Business Mailing Address 1099 WEST 27TH STREET 1098 WEST 27TH STREET RIVIERA BEACH FL 33404-2908 RIVIERA REACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0787618 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) JOHNSON, HERBERT JR 1098 WEST 27TH STREET RIVIERA BEACH FL 33404 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$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 11. 10. TITLE Change Addition TITLE ☐ Delete NAME Johnson, Herbert Jr STREET ADDRESS STREET ADDRESS 1098 SEST 27TH STREET CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL 33404 TITLE ☐ Change ☐ Addition Delete TITLE ST NAME NAME JOHNSON, GLORIA L STREET ADDRESS STREET ADDRESS 1098 SEST 27TH STREET CITY-ST-7IP CITY-ST-ZIP RIVIERA BEACH FL 33404 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME TURNER, BERTHA R NAME STREET ADDRESS STREET ADDRESS 1470 N.W.88TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33147 ☐ Addition ☐ Change TITLE Delete TITLE DANIEL, CYNTHIA NAME STREET ADDRESS STREET ADDRESS **166 MARY STREET** CITY-ST-ZIP CITY-ST-ZIP <u>Jennings</u> FL 32053 □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICERIOR DIRECTOR Date Daytime Phone #