2002 UNIFORM BUSINESS REPORT (UBR)

Aug 12, 2002 8:00 am Secretary of State DOCUMENT # **N9700001800** 08-12-2002 90011 008 ****70 00 THE REMNANT CHURCH INTERNATIONAL TRUST, INC. Principal Place of Business Mailing Address 13112 BALM BOYETTE RD P.O. BOX 75431 RIVERVIEW FL 33569 TAMPA FL 33675 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 59-3441812 Not Applicable Zip 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) GALLON, TAMI 13112 BALM BOYETTE RD **RIVERVIEW FL 33569** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to min. will be \$236.25. Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition NAME GALLON, ALFONSO NAME STREET ADDRESS 13112 BALM BAYETTE RD STREET ADDRESS CITY-ST-ZIP **RIVERVIEW FL 33569** CITY-ST-ZIP TITLE VPD. ☐ Delete TITLE ☐ Change Addition GALLON, TAMI NAME NAME STREET ADDRESS 13112 BALM BOYETTE RD STREET ADDRESS CITY-ST-ZIP RIVERVIEW:FL.33569 --- *** CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition GOGGINS, THEODIS NAME NAME STREET ADDRESS 904 MAYDELL CT STREET ADDRESS CITY-ST-ZIP TAMPA FL 33619 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME MAGWOOD, ZAHRA NAME STREET ADDRESS 8609 BRIAR HAVEN CT STREET ADDRESS C!TY-ST-ZIP **TAMPA FL 33619** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MAGWOOD, LORENZO NAME STREET ADDRESS 8609 BRIAR HAVEN CT STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33619** CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Addition ☐ Change NAME ROBINSON, RICARDO NAME STREET ADDRESS 3804 E FLORD ST 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 attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

TAMPA FL 33604

CITY-ST-ZIP

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AUGUS 5 2002 813-247-2519

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