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

FILED May 27, 2004 8:00 am Secretary of State

	IVIENT # // 9 / 00			05-27-2004 90018 018 ****	61.25
Klar	thside Agape M	inistries, Inc			
1001	7. (4				
	DO NOT WRITE	IN THIS SE	PACE	24077351	
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	Place of Business .	3. Mailing Address			1
370 Suite, Apt.		Suite, Apt. #, etc.	<u> </u>	DO NOT WRITE IN THE SPACE	_
	Beach	Suite, Apr. #, etc.	ne	DO NOT WRITE IN THIS SPACE	- /
City & Stat	te	City & State	,,,	4. FEI Number	Applied For
Zip	Country	Zip	Country	59-3449353	Not Applicable 5 Additional
329				5. Certificate of status besiled Fee R	lequired
			Name , ,	7. Name and Address of Current Registered Agen	nt
	DO NOT W	DITE	: L Ne	nry Burson, Jr.	
			Street Address (P.O. Box Number is Not Acceptable)	
	IN THIS SP	ACE	1)0,00		
			City	FL Z	32967
		the purpose of changing its	registered office or register	ed agent, or both, in the state of Florida. I am familiar	
the obligat	tions of registered agent.			·	
	•				{
SIGNATURE	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE	: Registered Agent signature required	when reinstating) DATE	
		9 Floation Con	oneiga Eigenaina	No. of the Paris	
	FEE IS \$61.25 Initial or Amended UBR	Trust Fund C	npaign Financing · contribution.	\$5.00 May Be Added to Fees Make Check Pay	
	OSCIOERO AND DIS	507000	Miller College Constitute of the Constitution		
TITLE	OFFICERS AND DIF				
NAME	Henry Burson, Jr. 4545 38th Ave		TITLE TO A COMMON OF A STREET		
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CITY-ST-ZIP	Vero Beach, FL	32967	NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filling 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 supplied ental 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 on an attachment with an address, with all direct like empowered.

SIGNATURE:

SIGNAPURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-04 Date

Daytime Phone #