

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9700003766

1. Corporation Name

FILED Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90056 011 ****70.00

SWORD	OF THE SPIRIT INTERNATION	JNAL, ING.								
Bringing Diago	of Business	Mailing Address								
Principal Place of Business 2350 HONEYBROOK CREEK DR. MELBOURNE FL 32935		2350 HONEYBROOK CREEK DR. MELBOURNE FL 32935								
			-							=
						,				,
2. Principal Pl	ace of Business	2a. Mailing Address				3. Date incorporated or Qualifed 06/30/1997				1
21		Suite, Apt. #, etc.				4. FEI Number		Apr	lied For	1
Suite, Apt.	#, etc.	27 Suite, Apr. #, 8tc.				59-3456427		<u> </u>	Applicable	1
City & State	9	City & State						\$8.75 A		1
23		28				5. Certifcate of Status Desired	<u> </u>	Fee Rec	uired	
Zip	Country	Zip	_	intry		6. Election Campaign Financing	· ¬	\$5.00		
24	25	29	30	1		Trust Fund Contribution	latered Ac	Added to	Fees	1
	9. Name and Address of Current	Registered Agent		81 Name/	<u> </u>	10. Name and Address of New Reg	Istered Ag	ent		1
				11 1	<u>ZAS</u>	A, NATHANIEL	<u> </u>			
BASA, NATHANALL L				82 Street	Addres	ss (P.O. Box Number is Not Acceptable	(0			Ì
	ENZIE CIRCLE			83	ــاحـ	MICKENSTE CIR				1
MELBOUR	NE FL 32940						т			-
				84 City	γe	lbourne,	FL	5 32	940	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the a	bove-named	corpor	ration submits this statement for the pure 's board of directors. I hereby accept the	rpose of cha	anging its	registered]
office or n	egistered agent, or both, in the State o m familiar with, and accept the objigati	of Florida. Such change was a ions of, Section 617.0503, Flo	rida Stat	utes.	JI AUOII	s board of directors. Thereby accept to			notor co	
SIGNATURE	Rathand J. Bo	ter.					7 <u>eb`</u>	47		Ι.
	Signature, typed or printed name of registered agent		: Registered	Agent signature re	w beniupe	when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	S IN 12	1 6
12.	OFFICERS AND	DELETE	1.1 T	me i		ADDITIONS/CHANGES TO OFFIC		Change	Addition	13
NAME	D KEMPF, JOHN		1.2 N			•		_		1
STREET ADDRESS	2350 HONEYBROOK CREEK DR	1		TREET ADDRESS						Š
CITY-ST-ZIP	MELBOURNE FL 32935	•	1	ITY-ST-ZIP		•			·	8
TITLE	D	☐ DELETE	2.1 T			· · · · · · · · · · · · · · · · · · ·	[Change	☐ Addition] (
NAME	KEMPF, EVANGELINE B		2.2 N	AME						
STREET ADDRESS	2350 HONEYBROOK CREEK DR), .	2.3 S	TREET ADDRESS		•	i.			
CITY-ST-ZIP	MELBOURNE FL 32935		2.40	XTY-ST-ZIP						4
TITLE	D	☐ DELETE	3.1 T	ITLE		•		Change	☐ Addition	ł
NAME	Basa, Reynaldo L		3.2 N	ame		`		. :		}
STREET ADDRESS	2515 MCKENZIE CIRCLE			TREET ADDRESS		•		,		Ì
CITY-ST-ZIP	MELBOURNE FL 32940	☐ DELETE		XTY-ST-ZIP			· · ·	Change	☐ Addition	1
TITLE		C DETELE	4.1 T	NAME			L		<u></u>	-
NAME				TREET ADDRESS						
STREET ADDRESS				ITY-ST-ZIP						
CITY-ST-ZIP		☐ DELETE	5.1 T	-				Change	Addition	1
NAME				AME				•	•	
STREET ADDRESS			5.3 S	TREET ADDRESS				•	•	
CITY-ST-ZIP			5.4 C	ITY-ST-ZIP		*				1
TITLE		☐ DELETE	6.1 T	ITLE				Change	Addition	
NAME			6.2 N	AME			•			
STREET ADDRESS				TREET ADDRESS	Ì	-				
CITY-ST-ZIP			6.4 C	ITY-ST-ZIP]

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, of on an attachment with an address, with all other like empowered.

SIGNATURE: