2001 UNIFORM BUSINESS REPORT (UBR) FILED May 29, 2001 08:00 AM N97000004184 DOCUMENT # 1. Entity Name **Secretary of State** LOVE GOD MINISTRIES OF TALLAHASSEE, INC. Principal Place of Business Mailing Address 3011 SETTLER CT 3011 SETTLER CT TALLAHASSEE FL TALLAHASSEE 32303 32303 2. Principal Place of Business 3. Mailing Address 1244 SEDGEFIELD RD 1244 SEDGEFIELD RD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For TALLAHASSEE TALLAHASSEE 59-3412243 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 32317 32317 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORREA-TORRES RICARDO CORREA-TORRES RICARDO Street Address (P.O. Box Number is Not Acceptable) 3011 SETTLER CT 1244 SEDGEFIELD RD TALLAHASSEE FL32303 US City Zip Code TALLAHASSEE 32317 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. 05/29/2001 SIGNATURE 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 FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TD Delete TITLE TD Change ☐ Addition NAME NAME CORREA-TORRES RICARDO CORREA-TORRES RICARDO STREET ADDRESS STREET ADDRESS 3011 SETTLER CT 1244 SEDGEFIELD RD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE TALLAHASSEE 32303 FT. 32317 TITLE ☐ Delete TITLE DVP X Change ☐ Addition NAME GRAHAM WALTER NAME CHARBEL PETER STREET ADDRESS STREET ADDRESS 1244 SEDGEFIELD RD 5648 AENON LANE CITY-ST-ZIF TALLAHASSEE 32304 CITY-ST-ZIP TALLAHASSEE. FL. 32317 TITLE Delete TITLE X Change ☐ Addition NAME RICCOBONO RICCOBONO JOHN NAME JOHN E STREET ADDRESS STREET ADDRESS 3011 SETTLER CT 1244 SEDGEFIELD RD CITY-ST-ZIP TALLAHASSEE CITY-ST-ZIP TALLAHASSEE FL. 32303 FT. 32317 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RICARDO J. CORREA-TORRES

TD

05/29/2001

CR2E037 (11/00)