2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # N9700004691 SENIOR MINISTRY SERVICES, INC. 01-25-2000 90015 043 ****61.25 Principal Place of Business Mailing Address 9715 SW 142ND DRIVE 9715 SW 142ND DRIVE MIAMI FL 33176-6741 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address 47/2 Pepper Bush Lane 4712 Pepper Bush Lane Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For ounton Beac Bounton 65-0782261 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33436 Fee Required 7. Name and Address of New Registered Agent:-6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD 1600 MIAMI CENTER Zip Code FL **MIAMI FL 33131** 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **PCD** TITLE ☐ Addition ☐ Delete TITLE NAME EBERST, ROBERT C NAME STREET ADDRESS 4712 Pepper Bush Lane STREET ADDRESS 9715 SW 142ND DRIVE CITY-ST-ZIP CITY-ST-ZIP Boynton Beach, FL. 33436 MIAMI FL 33176 ☐ Change ☐ Addition TITLE SD ☐ Delete TITLE NAME NAME UNDERWOOD, JOHN K STREET ADDRESS STREET ADDRESS 2380 LEAF LAND DRIVE CITY-ST-7IP... CITY-ST-ZIP DULUTH GA-30136 TITLE **VD** ☐ Delete TITLE Change ☐ Addition SICKERT, JAMYE REV NAME NAME STREET ADDRESS STREET ADDRESS 2891 INERLOCK CIR CITY-ST-ZIF CITY-ST-ZIP DULUTH GA TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME MOORE, EDWARD STREET ADDRESS STREET ADDRESS 2802 ENCHANTED CIR CITY-ST-ZIP CITY-ST-ZIP GARLAND TX TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

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