2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 27, 2004 8:00 am Secretary of State DOCUMENT # N98000001061 1. Entity Name EVANGEL TEMPLE WORLDWIDE MINISTRIES, INC. Principal Place of Business Mailing Address 6245 MIRAMAR PKWY 6245 MIRAMAR PKWY MIRAMAR FL 33023 MIRAMAR FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 31-1595444 Not Applicable Zip Country Zio 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 CURRY, FRANCIS Street Address (P.O. Box Number is Not Acceptable) **354 NE 156 STREET** MIAMI FL 33162 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) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Change Change ☐ Addition TITLE CURRY, FRANCIS NAME NAME 354 NE 156 ST STREET ADDRESS STREET ADDRESS MIAMI FL 33162 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE SMITH, DONNA NAME NAME 1011 S.W. 96TH AVENUE STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33025 CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE GOLARB, MADLINE NAME 5001-NW-34 ST. #203 -STREET ADDRESS STREET-ADORESS LAUD. LAKES FL 33319 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition EDWARDS, ANTOINETTE NAME NAME 1320 NE 204 ST STREET ADDRESS STREET ADDRESS MIAMI FL 33179 CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete

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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FIGNING OFFICER OR DIRECTOR