2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 13, 2000 8:00 am Secretary of State DOCUMENT # N9800001990 1, Entity Name FREEWILL DELIVERANCE, PRAISE OUTREACH MINISTRIES 09-13-2000 90025 006 ****78.00 Principal Place of Business Mailing Address 817 N. PINE HILL RD. 8601 SW 174TH ST. ORLANDO FL 32801 MIAMI FL 33157 CFOLLORY 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3510124 Not Applicable Country -Country ---_ Zip - . . \$8.75 Additional 5. Certificate of Status Desired 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) CASH, BETTY L 8601 SW 174TH ST. **MIAMI FL 33157** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution, Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change Addition TITLE ☐ Delete CASH, J L SR NAME NAME 8601 SW 174TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33157 ☐ Change ☐ Addition TITLE TITLE ☐ Delete STUBBS, CAL H NAME NAME STREET ADDRESS STREET_ADDRESS .817 N PINEHILL RD. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 SD ☐ Change Addition TITLE TITLE ☐ Delete STUBBS, SHANTAE L NAME NAME 817 N PINEHILL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 Addition ٧D ☐ Change TITLE ☐ Delete TITLE CASH, BETTY L NAME NAME STREET ADDRESS 8601 SW 174TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 Addition TITLE ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dèlete 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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