2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 03, 2001 08:00 AM N98000004700 DOCUMENT # 1. Entity Name **Secretary of State** GODSOLDIERS OUTREACH CENTER, EVANGELISTIC ASSOCIATION AND CHURCHES WORLDWIDE, INC. Principal Place of Business Mailing Address 7476 GROVEOAK DRIVE P.O. BOX 680917 FL ORLANDO ORLANDO 32810 IIS 32868 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3384245 Not Applicable Zip Country Zip 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 YOUNG MICHAEL Street Address (P.O. Box Number is Not Acceptable) 7476 GROVEOAK DRIVE ORLANDO FL32810 US 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. 09/03/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing 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 ☐ Delete TITLE D Change X Addition NAME NAME COLLER SR. FRED STREET ADDRESS STREET ADDRESS 7244 GRAY SHADOW COURT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FT. 32818 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME TENAH KWAKU NAME STREET ADDRESS 3608 NW 22ND PL STREET ADDRESS CITY-ST-ZIF GAINSVILLE 32605 CITY-ST-ZIP TITLE Delete TITLE X Change ☐ Addition NAME BYRON TREVOR JACKSON BYRON TREVOR NAME JACKSON STREET ADDRESS 327-4 UNIVERSITY VILLAGE SOUTH STREET ADDRESS 391 WEST 33RD STREET CITY-ST-ZIP GAINESVILLE CITY-ST-ZIP RIVIERA BEACH FL. 32603 FT. 33404 TITLE Delete TITLE X Change Addition NAME FRED DOUGLAS III FRED DOUGLAS III YOUNG NAME YOUNG STREET ADDRESS 113 ESCALONA AVENUE STREET ADDRESS 114 WARWICK AVENUE CITY-ST-ZIP PENSACOLA \mathbf{FL} 32503 CITY-ST-ZIP PENSACOLA FL32503 TITLE D Delete TITLE Change ☐ Addition NAME YOUNG MICHAEL NAME 7476 GROVEOAK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO \mathbf{FL} 32810 TITLE □ Delete TITLE Change Addition

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

NAME

SIGNATURE: _

NAME

STREET ADDRESS

CITY-ST-ZIP

MICHAEL D. YOUNG

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09/03/2001

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