2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

METRIATORE RECONSTRANTESIR

FILED DOCUMENT # N98000006310 Jun 05, 2000 8:00 am **Secretary of State** YOUNG CHRISTIAN FAMILY ASSOCIATION MINISTRIES OF 06-05-2000 90709 011 ****63.00 Principal Place of Business Mailing Address 5361 N. ROSEMARIE AVENUE 5361 N. ROSEMARIE AVENUE BOYNTON BEACH FL 33437-1007 **BOYNTON BEACH FL 33437** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0874593 Not Applicable Country \$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 DE SIR MCIVAN Street Address (P.O. Box Number is Not Acceptable) DESIR, MCIVAN______ 5361 N. ROSEMARIE AVENUE 5361 N ROSEMARIE AVE **BOYNTON BEACH FL 33437** City BOYNTON Brach 33437 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. 042900 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition 🔀 Delete PD TITI F Joseph Jerome 1100 5th Ave NAME NAME DESIR. YANIQUE -STREET ADDRESS STREET ADDRESS 5361 N. ROSEMARIE AVENUE 33460 CITY-ST-7IP CITY-ST-ZIP Fort LaudenDale **BOYNTON BEACH FL 33437** ☐ Addition DESIR YANIQUE 🔀 Delete TITLE JOSEPH, JEROME NAME 5361 N ROSEMARIE AVE STREET ADDRESS STREET ADDRESS 1100 5TH AVE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33460 BOYNTON Beach X Delete TITLE X Change ☐ Addition TITLE MCIVAN SR NAME JOSEPH, MCIVAN SR. NAME 5361 N ROSEMARIE AVE STREET ADDRESS STREET ADDRESS 1100 5TH AVE BOUNTON-BEACH - FL 33437 CITY-ST-ZIP CITY-ST-ZIP FT L'AUDERDALE FL 33437 Change ☐ Addition ☐ Defete DESMORATES, ORESTE NAME NAME STREET ADDRESS STREET ADDRESS 3367 23RD COURT CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change ☐ Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete 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

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