2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State DOCUMENT # N98000006887 1. Entity Name THE NEW CITY OF DAVID PENTACOSTAL CHURCH, INC. 05-03-2001 91103 002 ****61.25 Principal Place of Business Mailing Address 811 N.W 1ST AVENUE 921 N.E 50 STREET 921 N.E. 50TH STREET STE 811 FORT LAUDERDALE FL 33311 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ij. City & State City & State 4. FEI Number Applied For 65-0878961 Not Applicable Zip Country - 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 ---4 Street Address (P.O. Box Number is Not Acceptable) PAUL, GRACIEUSE C/O GRACIEUSE PAUL . . . 921 N.E. 50TH STREET Zip Code POMPANO BEACH FL 33069 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) FILE NOW: 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITI E ☐ Change ☐ Addition ☐ Delete PAUL, GRACIEUSE NAME NAME STREET ADDRESS 921 N.E. 50TH STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP POMPANO BEACH FL 33069 D۷ TITLE Delete TITLE ☐ Change ☐ Addition NAME PAUL, BED NAME STREET ADDRESS 921 N.E. 50TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 TITLE ☐ Delete TITLE Change Addition FRANCOIS, DANIEL JEAN NAME STREET: ADDRESS 921 N.E. 50TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 Rease do not put TITLE ☐ Change TITLE ☐ Addition ANESTAL, MECENE that ria ne NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 () CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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.

SIGNATURE:

SIGNIVALUME IN EQUIMED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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