2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 08, 2000 8:00 am Secretary of State DOCUMENT # N98000006898 ERNEST & BARBARA GONDER MINISTRIES, INC. 09-08-2000 90008 041 ****70.00 Principal Place of Business Mailing Address 641 SW 14 STREET **641 SW 14 STREET** DEERFIELD BEACH FL 33441-6419 DEERFIELD BEACH FL 33441 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0878360 Not Applicable Country **\$8.75**. Additional _ Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GONDER, ERNEST **641 SW 14 STREET** DEERFIELD BEACH FL 33441 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, typed or printed name of registered agent and title if applicable DATE (NOTF: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$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 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE PD NAME GONDER, ERNEST NAME STREET ADDRESS STREET ADDRESS **641 SW 14 STREET** CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33441** SD ☐ Delete TITLE Change ■ Addition TITLE NAME GONDER, BARBARA NAME STREET ADDRESS STREET ADDRESS 641 SW 14 STREET. CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33441** TITLE Addition ☐ Delete TITLE TD NAME NAME GONDER, ERNEST JR STREET ADDRESS STREET ADDRESS 405 NW 16TH AVENUE CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME GONDER, TASHAYLA STREET ADDRESS STREET ADDRESS 641 SW 14TH STREET CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

Daytime Phone #