## 2003 NOT-FOR-PROFIT CORPORATION

## Mar 21, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9900000109 03-21-2003 90102 024 \*\*\*\*61.25 CHINESE FOR CHRIST MINISTRIES, INC. Principal Place of Business, Malling Address 1111 LAKESHORE DR. #A6 1111 LAKESHORE DR. #A6 **EUSTIS FL 32728** EUSTIS FL 32726 3. Mailing Address 2. Principal Place of Business ---Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 31-1650275 City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARWICKE, MICHAEL: H-Street Address (P.O. Box Number is Not Acceptable) 1111 LAKESHORE DR #A6 EUSTIS FL 32726 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. I am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE TILE WARWICKE, MICHAEL H NAME STREET ADDRESS STREET ADDRESS 1111 LAKESHORE DR #A6 CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL 32726 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME Johnson, William DR NAME STREET ADDRESS STREET ADDRESS 3150 W ROLLING HILLS CIR. NO 109 CITY-ST-ZIF CITY-ST-7IP DAVIE FL Change Addition ☐ Delete TITLE TITLE WILLIAMS, KIRBY NAME NAME STREET ADDRESS 6550 NE 21ST DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME REYMOND, ROBERT DR. NAME STREET ADDRESS STREET ADDRESS 5555 N. FED HWY CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308-3208 TITLE Change Addition TITLE Delete NAME Brigham, Dana Mr. STREET ADDRESS 8181 MIAMISTE 280 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI LAKES FL 33016

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE:

BRUNDACE, PETER

FORT LAUDERDALE FL 33302

P.O BOX 202

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Change

☐ Addition

FILED