2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

Atis

1040

6. Name and Address of Current Registered Agent:

4440 NORTHWEST 37TH STREET

Prospect

LAUDERDALE LAKES FL 33319

DOCUMENT # **N99000000457**

1. Entity Name

Principal Place of Business

4440 NORTHWEST 37TH STREET LAUDERDALE LAKES FL 33319

2. Principal Place of Business

1040W Pros

Apt. #, etc

A 43 City & State

Oakland Zip 33309

IMANI CHRISTIAN WORSHOP CENTER, INC.

O WE 15

Apr 28, 2003 8:00 am § Secretary of State

04-28-2003 90176 050 ****70.00

UUUJ4431

CHECK HERE IF MAKING C	HANGES
. FEI Number 65-0891409	Applied For
	Not Applicable
Certificate of Status Desired \$8.75 Additional Fee Required	
Name and Address of New Registered Age	ent

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134

Street Address (P.O. Box Number is Not Acceptable) 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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$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 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change Addition BAAHLA RASHEED Z. REV. 4460 NW 374 St BAAITH, RASHEED Z REV. NAME NAME STREET ADDRESS 4440 NORTHWEST 37TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33319 Lauderdate Lakes TITLE ☐ Delete TITLE ☐ Addition ABRAMS-BAAITH, MARY L Abrams-BARith, MARY L. NAME NAME STREET ADDRESS 4440 NORTHWEST 37TH STREET STREET ADDRESS 4460 NW 3745 st CITY-ST-ZIP LAUDERDALE LAKES FL 33319 CITY-ST-ZIP 3531*9* auderdale-lates ■ Addition TITLE ☐ Delete TITLE ☐ Change CROWLEY, ROBERT NAME NAME 1142 NW 17TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33311 TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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. *U-24-0*3

SIGNATURE:

954-627-8796