2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 26, 2000 8:00 am Secretary of State DOCUMENT # N9900000474 GREAT COMMISSION MINISTRIES INTERNATIONAL, INC. 01-26-2000 90181 029 ****61.25 Principal Place of Business Mailing Address 4111 OLD VILLAGE WAY P.O. BOX 717 OLDSMAR FL 34677 SAFETY HARBOR FL 34695-0717 000119222. Principal Place of Business 3. Mailing Address Bellhurst *2613* Bellhurs+ Dr 2613 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For -City & State 59-3542319 Dunedin Dunedin Not Applicate Country \$8.75 Additional 5. Certificate of Status Desired USA 34698 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MICHAEL Street Address (P.O. Box Number is Not Acceptable) NASSAR, WALEED 4111 OLD VILLAGE WAY OLDSMAR FL 34677 Dunedin 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. **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be

	FEE IS \$61.25	Trust Fund Contributi	on. Li	Added to Fees	Departme	nt of State	
10.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D WASSER WALEER	☐ Delete	TITLE			☐ Change	_ *¬¬
NAME	NASSAR, WALEED		NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	4111 OLD VILLAGE WAY OLDSMAR FL 34677		CITY-ST-ZIP				
TITLE	D	□ Delete	TITLE			Change	☐ Addition
NAME	NASSAR, LEILA	•	NAME				
STREET ADDRESS	4111 OLD VILLAGE WAY		STREET ADDRESS				
CITY-ST-ZIP	OLDSMAR FL 34677		CITY-ST-ZIP		<u></u>		
TITLE	D	☐ Delete	TITLE			Change	Addition
NAME	MASSO, MARK		NAME		•		
STREET ADDRESS	6505 N. 35TH STREET		STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP	MCALLEN TX 78504						_
TITLE	D	Delete	TITLE	S	5-5-50	Change	Addition
NAME	REIDY, DAN		NAME	MICHAEL			
STREET ADDRESS CITY-ST-ZIP	12508 QUEENSLAND LANE		STREET ADDRESS CITY-ST-ZIP	_	Thurst Dr.		
	TAMPA FL 33625		<u> </u>	DOWGG! W	FL 34698	- n	FT a rate.
TITLE	<u>-</u>	☐ Delete	TITLE	!		Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP	, ,		CITY-ST-ZIP				
TITLE	<u> </u>	□ Delete	TITLE	<u> </u>		☐ Change	Addition
NAME		∟ Delete	NAME				
STREET ADDRESS	. `		STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		-		
	ertify that the information supplied with t	his filing does not qualify for the	■ ne exemption sta	L ted in Section 119.07/	3)(i) Florida Statutes I further o		nformation

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:

SICHALEGATVAGGAGURED

1-14-2000

727-527-9205

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR