DOCUMENT # N9900000474 1. Entity Name GREAT COMMISSION MINISTRIES INTERNATIONAL, INC.					Jan 19, 2001 8:00 am Secretary of State 01-19-2001 90093 018 ****61.25		
Principal Place of Business Mailing Address							
2613 BELLHURST DR DUNEDIN FL 34698		2613 BELLHURST DR DUNEDIN FL 34698					- -
2. Principal P	Place of Business	3. Mailing Address	Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Numbe	59-3542319		lied For Applicable
Zìp	Country	Zip	Country	5. Certificate	. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent			
STEUER, MICHAEL 2613 BELLHURST DR DUNEDIN FL 34698				Street Address (P.O. Box Number is Not Acceptable)			
			Olicel Ac	Glied: Address (F.O. BOX Nulliber is Not Acceptable)			
			City	City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its register				I			
SIGNATURE .	X Waked Au Signature, typed or printed name of registered agent an FILE NOW: FEE IS \$61.25	d title if applicable. (NOTE: F	inancing	\$5.00 May Be Added to Fees	Make Check Pa Department o		
10. OFFICERS AND DIRECTORS					·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASSAR, WALEED 4111 OLD VILLAGE WAY OLDSMAR FL 34677	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHA	NGES TO OFFICERS AND DIRE		O Addition
TITLE _,name Street address City-St-Zip	D NASSAR, LEILA 4111 OLD VILLAGE WAY OLDSMAR FL 34677	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Masso, Mark 6505 N. 35th Street Mcallen TX 78504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEUER, MICHAEL 2613 BELLHURST DR DUNEDIN FL 34698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[_] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. T. *	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change [Addition
12. Thereby 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							