2004 NOT-FOR-PROFIT CORPORATION

SIGNATURE:

FILED **ANNUAL REPORT (AR)** Jun 09, 2004 8:00 am Secretary of State DOCUMENT # N99000000497 1. Entity Name 06-09-2004 90003 040 ****61.25 A.J. WELLS MINISTRIES, INC. Principal Place of Business Mailing Address 1940 HARRISON STREET 1940 HARRISON STREET 441146411 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 2,920 N, W. 3. Mailing Address 4031 NE 2ND CR2E037 (11/03) City & State Applied For 4. FEI Number 65-0942050 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent . Name and Address of New Registered Agent Name HOCHSZTEIN, FRED Street Address (P.O. Box Number is Not Acceptable) 1940 HARRISON ST., SUITE 300 HOLLYWOOD FL 33020 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Due By May 1, 2004 Florida Department of State 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. TITLE Delete TITLE WELLS, ANDREW J SR. NAME NAME 4031 NE 2ND WAY STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Change WELLS, ANDREW J JR. NAME 4031 NE 2ND WAY STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-ZIP CITY-ST-ZIP TITLE (1) plete Change - Addition WELLS, ANTONIO G~ NAME NAME 4031 NE 2ND WAY STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition POITIER, PRISCILLA NAME NAME 4031 NE 2ND WAY STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition WILSON, CRYSTAL NAME NAME 4031 NE 2ND WAY STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition RACHESL, RUBY NAME NAME 4031 NE 2ND WAY STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-7IF 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

Daytime Phone #