2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 AM
Secretary of State

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Entity Name: ORISA TEMPLE FOR IFA HERITAGE AND TRADITION, INC.

Current Principal Place of Business:

1647 N. LAURA ST.
JACKSONVILLE, FL 32206

New Principal Place of Business:

1647 N. LAURA STREET
JACKSONVILLE, FL 32206

Current Mailing Address:

1647 N. LAURA ST.
JACKSONVILLE, FL 32206

New Mailing Address:

P. O. BOX 43342
JACKSONVILLE, FL 322033342 US

FEI Number: 59-3735264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKS, OK S
1645 N. LAURA STREET
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BURKS, OKSUN
Address: 1647 N LAURA ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: TVD ( ) Delete
Name: BURKS, VOLIAME
Address: 1645 N LAURA ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: SMD ( ) Delete
Name: BRADLEY, FRANCES
Address: 1647 N LAURA ST
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BURKS, OKSUN
Address: 1645 N LAURA ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: TVD (X) Change ( ) Addition
Name: BURKS, VOLUME
Address: 1645 N LAURA ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES BRADLEY SMD 02/28/2002

Electronic Signature of Signing Officer or Director — Date