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

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91741 010 ****61.25

DOCUMENT # N99000002716

1. Entity Name
HOSANNA Worship Center, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
995 NE 124th street	995 NE 124th street
Suite, Apt. #, etc. # 200	Suite, Apt. #, etc. 200
City & State North Miami, FL	City & State North Miami, FL
Zip 33161 Country USA	Zip 33161 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 650915726 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Steve Saintus

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

6510 SW 30 St

City Micamar FL Zip Code 33023

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Steve Saintus
STREET ADDRESS	6510 SW 30 Street
CITY-ST-ZIP	Micamar, FL 33023
TITLE	TD
NAME	Marie C. Lasseague
STREET ADDRESS	3401 W. Lake PL
CITY-ST-ZIP	Micamar, FL 33023
TITLE	SD
NAME	Philippe Auguste
STREET ADDRESS	432 NE 132 Street
CITY-ST-ZIP	North Miami, FL 33161
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/15/02 305-981-5560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #