2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # N99000003463 May 30, 2000 8:00 am Secretary of State GARDEN OF EVE CHRISTIAN MINISTRIES INC. 05-30-2000 90010 049 ****61.25 Principal Place of Business Mailing Address 1041 HOMEWOOD AVE. 1041 HOMEWOOD AVE. MELBOURNE FL 32940 MELBOURNE FL 32940-7057 2. Principal Place of Business 3. Mailing Address ---- DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) COSTANZO, ROSEMARIE 1041 HOMEWOOD AVE. **MELBOURNE FL 32940** 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. 5/7/00 Rosemarie Costanzo 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. **K** Addition Change TITLE Delete TITLE President/Directors NAME NAME Rosemarie Costanzo STREET ADDRESS STREET ADDRESS 1041 Homewood Ave CITY-ST-ZIP CITY-ST-ZIP Melbourne , Fl 32940 Vice Presdent/Directors □ Change Delete TITLE TITLE NAME Mary K. Baxter NAME STREET ADDRESS STREET ADDRESS 5337 Bridge Rd. CITY-ST-ZIP CITY-ST-ZIP Cocoa Fla. [] Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change X Addition Delete TITLE Directors/T/S/MD NAME NAME Gladys Bodgs STREET ADDRESS STREET ADDRESS 1242 Karnes Rd, #25 CITY-ST-ZIP CITY-ST-7/P Longview: TX 75604 Change ■ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 receive or trustee empowered to execute this eport 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. Rosemanie