2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N99000004714 FILED 1. Entity Name GENERATIONAL EMPOWERMENT MINISTRIES, INC. 00 AUG -4 PM 12: 13 SECREDARY OF STATE Principal Place of Business Mailing Address TALEMEASISSEE, FLORIDA 931 VILLAGE BLVD.. SUITE 905 931 VILLAGE BLVD.. SUITE 905 PMB-77 PMB-77 WEST PALM BEACH FL 33409-1939 WEST PALM BEACH FL 33409-1939 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 10,0 360D 969 Applied For City & State City & State 062623 Not Applicable Country \$8.75 Additional Zio Country Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) WILLIAMS, PRESTON II 23425-B SW 53RD AVE **BOCA RATON FL 33433** Zip Code City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. 9 Addition Delete TITLE TITLE FELDER, ROBERT WILLIAMS, PRESTON SR NAME NAME 2831 AVE.S STREET ADDRESS STREET ADDRESS 7037 GLENWOOD DRIVE RIVIERA BEACH, FL 33404 CITY-ST-ZIP CITY-ST-7IP LANTANA FL 33462 ☐ Change Addition Delete TITLE TITLE VERNEDA TURNQUIST NAME WILLIAMS, PEARL NAME 7321 7385 WAY STREET ADDRESS 7037 GLENWOOD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH, FL 33407 LANTANA FL 33462 Addition ☐ Change ☐ Delete TITLE TITLE HENRY R. WILLIAMS NAME REYNOLDS, DAVID RT. 4 BOX 331 AA / 3145 WALLACE DRIVE STREET ADDRESS **76 PACER CIRCLE** STREET ADDRESS <u>Valdosta, G</u>A 31602 CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** Change Addition ☐ Delete TITLE TITLE GWENDOLYN WILLIAMS RT.4 BOX 331AA/3145 WALLACE DRIVE REYNOLDS, ELEANOR NAME NAME STREET ADDRESS STREET ADDRESS **78 PACER CIRCLE** CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** <u>VALDOSTA.GA 31602</u> X Change ☐ Addition TITLE ☐ Delete TITLE WILLIAMS, PRESTON IL NAME WILLIAMS, PRESTON II NAME 23425B SW. 53RD AVE. STREET ADDRESS 23425-B SW 53R AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** BOCA RATION, FL 33433 Change Addition TITLE Delete TITLE WILLIAMS, JACQUELINE H. NAME WILLIAMS, JACQUELINE H NAME 23425B S.W. 53RD AVE. STREET ADDRESS 23425-B SW 53R AVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP BOCA RATON FL 33433 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 fustee 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: .

RE AND TYPED OR PROKTED NAME OF SIGNING OFFICER OR DIRECTOR