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

FILED Apr 07, 2002 8:00 am Secretary of State

DOCUMENT # N99000005115 1. Entity Name MJRACLE GOD MINISTRY, INC.					04-07-2002 90085 049	****61.25	
	DO NOT WRITE		PACE				
2. Principal I	Place of Business	3. Mailing Address					
786 N.W. 14th STREET Suite, Apt. #. etc.		9820 N.W. 7 AVENUE Suite, Apt. #, etc.		<u> </u>	DO NOT WRITE IN THIS SPACE		
City & State MIAMI FLORIDA 33136		City & State MJAMJ, FLORIDA 33150		4. FEI Number 65-09434	4. FEI Number Applied For 65-0943460 Not Applicable		
z _{îp} 33136	Country DADE	Zip 33150	Country DADE	5. Certificate of St		75 Additional Required	
	A STATE OF THE STA		No.	7. Name and Addre	ess of Current Registered Age	nt	
. Tay	DO NOT W			EZEKJEL WJLLJA ddress (P.O. Box Number is 1			
	IN THIS SP	ACE	786 N	.W. 14 STREET		io Codo	
· ·			City MJAMT		FL ⁴	ip Code 33136	
8. The above	named entity submits this statement for	the purpose of changing its		registered agent, or both, in	the state of Florida.		
SIGNATURE	Ezekiel W1 Signature, 1970d or printed name of registered agent an	HICEMA (NOTE	EZEKIEL W	TLLTAMS re required when reinstating)	3/28/02 DATE		
	FEE IS \$61.25 Initial or Amended UBR	Trust Fund C	npaign Financing Contribution	\$5.00 May Be Added to Fees	Make Check Pay Department of		
10.	OFFICERS AND DIRE	CTORS				<u>~ (</u>	
TITLE P	EZEKIEL WILLIAMS		TITLE ;/			92	
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CITY-ST-ZIP	MIAMI, FLORIDA 3313	6	0774 57 740				
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	HENRY FULLINGTON		TITLE			R2E037B	
NAME STORET ADODESS	7769 N.W. 9 AVENUE		TITLE NAME			CR2E0378	
STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST: ZIP			CR2E037B	
STREET ADDRESS CITY-S1-ZIP	7769 N.W. 9 AVENUE		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			CR2E0378	
STREET ADDRESS CITY-ST-ZIP	7769 N.W. 9 AVENUE MIAMI, FLORIDA 3315		TITLE NAME STREET ADDRESS CITY-ST: ZIP			CR2E0378	
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2. 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 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: EZEMBLY VI WOMS EZEKIEL WILLIAMS SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR	Cape	37/20/10/2 Daytime Phone #	_
SIGNATURE: Ezekiel WIlliams EZEKIEL WILLIAMS		3/28/02	