NGT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900005631 1. Entity Name The People Dutreach Ministrier SECRETARY OF STATE DIVISION OF CORPORATIONS

03 AUG -8 AM 8: 00

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2. Principal F	Place of Busin	ness	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·	3000223 - 08/15/03:01038-	46203 -031 **61.25	
2101 Ave. F Suite, Apt. #, etc. Apt. 230			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE MRD		
Giy & Star	e 7 /a	Beach, Fl	City & State		4. FEI Number 65-094902	3 Applied For Not Applicable	
3340)4	Country /		Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Name Su-					7. Name and Address of Current	FAN MC INTOSH	
	and the state of t	O NOT WI N THIS SP		Street Address (210) Javen	P.O. Box Number is Not Acceptable)	FL Zip Sode 404	
			the purpose of changing its	registered office or register	red agent, or both, in the state of Flor	<u> </u>	
the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature-aquired where reinstating). DATE							
	建 基本的 (4.30 年 2.50 年	IS \$61.25 Amended UBR	9. Election Can Trust Fund C	npaign Financing Contribution.		te Check Payable to a Department of State	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		((I) rector)	NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby 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: SI							
SIGNATURE: SALOGIA WCS. LOSA							