2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

N99000005797 DOCUMENT # **N99000005797** 1. Entity Name 03 OCT 10 PM 3: 04 MISSIONARY BIBLE TABERNACLE, INC. SECRETARY OF STATE Principal Place of Business TALLAHASSEE, FLORIDA Mailing Address 9360 NW 40TH COURT 9380 NW 40TH COURT SUNRISE FL 33351 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite. Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0950751 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARPER, LOVELL Street Address (P.O. Box Number is Not Acceptable) 9360 NW 40TH COURT SUNRISE FL 33351 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CR2E037 (10/02) TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARPER, LOVELL NAME NAME STREET ADDRESS 9360 NW 40TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 MAXWELL HUNTER JR Change ПΠЕ **Addition Delete** TITLE MARAJH, DAVID NAME . . NAME 230 NE 13th AVE STREET ADDRESS 9360 NW 40TH COURT STREET ADDRESS BoynTon Beach, FL 33435 SUMPISE RL 33351 CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete AROLYN. ☐ Addition HUNTER, CAROLYN NAME 92nd Lane N 17189 1602 LAKE CRYSTAL DR APT A STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WEST-PALM BEACH FL 33411 TITLE ☐ Delete TITLÉ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP FITLE Delete TITI F ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME

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

SIGNATURE:

STREET ADDRESS

8-30-03

954-746-2097

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

09-04-2003 90058 024 ****61 25

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 Block 11 if