2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# N99000006317

Entity Name: EKKLESIA OF GOD, INC.

Current Principal Place of Business:

16600 S.W. 102 AVENUE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

16600 S.W. 102 AVENUE
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-0953250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HALL, MAURICE
15800 SW 102ND AVE.
MIAMI, FL 33157

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	COX, ROBERT C	
Address:	16600 S.W. 102 AVENUE	
City-St-Zip:	MIAMI, FL 33157	
Title:	M	( ) Delete
Name:	WISCONSIN, GORE	
Address:	10200 SW 168 ST.	
City-St-Zip:	MIAMI, FL 33157	
Title:	VD	( ) Delete
Name:	GOODEN, DELROY	
Address:	20351 SW 117TH CT.	
City-St-Zip:	MIAMI, FL 33177	
Title:	TD	( ) Delete
Name:	COX, MARGARET	
Address:	16600 S.W. 102 AVENUE	
City-St-Zip:	MIAMI, FL 33157	
Title:	D	( ) Delete
Name:	HAMILTON, PETE	
Address:	16243 SW 99TH PL	
City-St-Zip:	MIAMI, FL 33157	
Title:	S	( ) Delete
Name:	PETERKIN, SHARON A	
Address:	800 N.E. 12TH AVENUE, #J250	
City-St-Zip:	HOMESTEAD, FL 33030	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MC LEAN, PETER	
Address:	17232 S.W. 113 CT	
City-St-Zip:	MIAMI, FL 33157 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C. COX PD 04/29/2003

Electronic Signature of Signing Officer or Director — Date