## DOCUMENT # N9900006723 1. Entity Name

## FILED Jun 06, 2000 8:00 am

| MAMMOTH MINISTRIES, INC.                 |                                                                                       |                                                                                                   |                        |                              |                                                 | Secretary of State 05-15-2000 90288 016 ****61.25                    |                     |                     |  |
|------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------|------------------------------|-------------------------------------------------|----------------------------------------------------------------------|---------------------|---------------------|--|
| Principal Place                          | of Business                                                                           | Mailing Address  1400 E. OAKLAND PARK BLVD #108 FORT LAUDERDALE FL 33334-4400  3. Mailing Address |                        |                              |                                                 | 05-15-2000 90                                                        | )288 016 ***        | **61.25             |  |
| 1400 E. OAKLA<br>FORT LAUDERI            | ND PARK BLVD #108<br>Dale FL 33334                                                    |                                                                                                   |                        |                              | ,                                               |                                                                      |                     |                     |  |
| 2. Principal Pl                          | ace of Business                                                                       |                                                                                                   |                        |                              |                                                 | ) 1 <b>70</b> 1123                                                   |                     |                     |  |
| Suite, Apt. #, etc.                      |                                                                                       | Suite, Apt. #, etc.                                                                               |                        |                              |                                                 | DO NOT WRITE IN TH                                                   | HIS SPACE           |                     |  |
| City & State                             |                                                                                       | City & State                                                                                      |                        |                              | 4. FEI Num                                      | 5-0952034                                                            | <del>  </del>       | oplied For          |  |
| Zip                                      | Country                                                                               | Zip                                                                                               | Cou                    | ntry                         | 5. Certifica                                    | te of Status Desired                                                 | \$8.75 Add          | itional             |  |
|                                          | 6. Name and Address of Current i                                                      | Registered Agent                                                                                  |                        |                              | 7. Name a                                       | nd Address of New Register                                           | <u></u>             |                     |  |
|                                          | -                                                                                     |                                                                                                   | ļ                      | Name                         |                                                 |                                                                      |                     |                     |  |
| PHELPS, CYNTHIA                          |                                                                                       |                                                                                                   |                        | Street Ad                    | Idress (P.O. Box Num                            | ber is Not Acceptable)                                               |                     |                     |  |
|                                          | JNRISE BLVD., #758                                                                    | <del></del>                                                                                       |                        |                              |                                                 |                                                                      |                     |                     |  |
| FURI LAU                                 | DERDALE FL 33304                                                                      |                                                                                                   | İ                      | City                         |                                                 |                                                                      | Zip Cod             | е                   |  |
| 8. The above                             | named entity submits this statement for                                               | the purpose of changing its                                                                       | registere              | d office or                  | registered agent, or b                          | oth, in the state of Florida.                                        |                     |                     |  |
| SIGNATURE _                              | Signature, typed or printed name of registered agent a<br>FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Trust Fund Contribu                                                          | Financir               |                              | \$5.00 May Be<br>Added to Fees                  |                                                                      | ck Payable to       |                     |  |
|                                          |                                                                                       |                                                                                                   |                        |                              |                                                 |                                                                      |                     |                     |  |
| 10.                                      | OFFICERS AND DIR                                                                      |                                                                                                   | 11.                    |                              |                                                 | HANGES TO OFFICERS AND                                               | DIRECTORS IN Change |                     |  |
| NAME STREET ADDRESS CITY-ST-ZIP          |                                                                                       | □ Delete                                                                                          | NAME<br>STREE          | ET ADDRESS                   | EMOGENE<br>1400 E. OAKI                         |                                                                      | #108                | Addition Opposition |  |
| TITLE<br>NAME<br>STREET ADDRESS          |                                                                                       | ☐ Delete                                                                                          | TITLE<br>NAME<br>STREE | . ( <u>(</u>                 | 130) PASTORIAL                                  | ASSISTANT (D)                                                        | Change              | Addition            |  |
| CITY-ST-ZIP                              |                                                                                       |                                                                                                   | CITY-                  | ST-ZIP                       | FERT LANDER                                     | ALE, FL 33334                                                        | -4400               |                     |  |
| NAME STREET ADDRESS CITY-ST-ZIP          |                                                                                       | ☐ Delete                                                                                          |                        | T ADDRESS                    | TRUSTEE<br>DON MCKNIG<br>WAS E DAY!             | HT<br>AUDPARK BIND H                                                 | □ Change            | Addition            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP    |                                                                                       | □ Delete                                                                                          |                        | T ADORESS<br>ST-ZIP          | TRUSTEE  RONALD ,  YOU E OAK                    | MIE, FL. 33334-<br>M. PEARSON<br>IAND PARK BIVERDAIE FI 3333         | Change  # 10        | Addition            |  |
| TITLE NAME STREET ADDRESS                |                                                                                       | ☐ Deleta                                                                                          | TITLE                  | 1                            | OXT CHOL                                        | KDAIR TT 7737                                                        | ☐ Change            | Addition            |  |
| CITY-ST-ZIP                              |                                                                                       |                                                                                                   |                        | ST-ZIP                       |                                                 |                                                                      |                     |                     |  |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP |                                                                                       | □ Delate                                                                                          |                        | T ADDRESS<br>ST-ZIP          |                                                 | _                                                                    | Change              | ☐ Addition          |  |
| 12. I hereby coindicated of              | ertify that the information supplied with<br>on this report or supplemental report is | this filing does not qualify for<br>true and accurate and that m                                  | the exen               | nption state<br>ure shall ha | ed in Section 119.07()<br>we the same legal eff | B)(i), Florida Statutes. I further<br>ect as if made under oath; tha | t I am an onicer    | or director         |  |

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.