2001 UNIFORM BUSINESS REPORT (UBR)

Feb 23, 2001 8:00 am DOCUMENT # P00000112749 **Secretary of State** 1. Entity Name 02-12-2001 90237 018 ***158.75 BRANCH & BRANCH CHRISTIAN ACADEMY, INC. Principal Place of Business Mailing Address 1630 NW 74 STREET 3001 NW 190 STREET MIAMI: FL 33147 MIAMI FL 33056 2. Principal Place of Business 3. Mailing Address 1630 NW 74 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ni Ani 65-106165 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 3147 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOODEN, JACQUELYN L ESQ Street Address (P.O. Box Number is Not Acceptable) 99 NW 183 ST STE 234 MIAMI FL 33169 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE-IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Delete ☐ Addition TITLE NAME NAME BRANCH, ROOSEVELT STREET ADDRESS STREET ADDRESS 3001 NW 1910 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33056 TITLE Delete TITLE ☐ Addition BRANCH, ThelmA R. NAME NAME BRANCH, THELMA 1630 NW 74 STREET STREET ADDRESS STREET ADDRESS **1630 NW 74 STREET** CITY-ST-ZIP CITY-ST-ZIP miami F1. 33147 MIAMI FL 33147 Celeta Change ☐ Addition TITLE TITLE BRANCH : ROOSEVELT JR. NAME BRANCH, ROOSEVELT JR NAME 1630 NW 74 Street STREET ADDRESS 1630 NW 74 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP miami Fl. 33147 MIAMI FL 33147 Change Addition TTUE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the Information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-71P

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PROVIDED NAME OF SIGNANG OFFICER OR DIF

2/9/01

(305)620-6049

Daytime Phone #

FILED