2000 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2000 8:00 am Secretary of State DOCUMENT # **P99000060360** FAITH OUTREACH INTERNATIONAL MINISTRIES, INC. 04-21-2000 90109 041 ***150.00 Principal Place of Business Mailing Address 4326 NORTH STATE ROAD #7 4326 NORTH STATE ROAD #7 LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319 2. Principal Place of Business 3. Mailing Address Coltair Ter 645.W. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired ويهو وموادة أأوسوني Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GELLY, EDASCA Street Address (P.O. Box Number is Not Acceptable) 848 S.W. 10TH AVE.; APT. #1 HALLENDALE FL 33009 Zip Code FL 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete 10 GELLY, EDASCA (Application) TO 565 (46) NAME STREET ADDRESS 848 S.W. 10TH AVE., APT. #1. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLENDALE FL 33009 ☐ Delete Change ■ Addition TITLE GELLY, EVETT NAME NAME STREET ADDRESS 848 S.W. 10TH AVE., APT. #1 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HALLENDALE FL 33009 Change Delete ☐ Addition TITLE TITLE SCOTT, DERICK NAME NAME STREET ADDRESS STREET ADDRESS 848 S.W. 10TH AVE., APT. #1 CITY-ST-ZIP CITY-ST-7IP HALLENDALE FL 33009 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. ASCA Celly 4-13-00 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR