DOCUMENT # P9900064778

1. Entity Name

ANNIE A. KNIGHT GLOBAL MINISTRIES, INC.

Principal Place of Business

Mailing Address

2530 HIGHLAND AVENUE

2530 HIGHLAND AVENUE

FILED May 19, 2000 8:00 am Secretary of State

04-26-2000 90185 020 ***150.00

2. Principal Place of Business S.A.M.E. Suite, April 4, etc. Sui
Suite, Apt. #, etc. City & State City & St
Exp Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent
Exp Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent
5. Certificate of statuts Desired Fee Required
Name MILLE B. TREFAME 2124 ARPORT ROAD SOUTH Special Address (P.O. By Number is Not Acceptable)
FRANK NAME 2124 ARPORT ROAD SOUTH NAME Signal Address (P.O. Syn humber is Not Acceptable) Signal Address (P.O. Syn humbe
2124 AIRPORT ROAD SOUTH NAPTES FL 341Y2 6. 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. SIGNAFURE SIGNAFURE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D KNIGHT, ANNIE A MAKE MAK
City FT MVERS FL 34112 City FT MVERS FL 3566 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, there or pursued agent and title if applicable. NOTE: Registered Agent signature required when renations) DATE 9. This corporation is eligible to satisfy its Intenglible Tax (filing requirement and elects to do so. (See criteria on back) Intermediate the companient of State of Florida. Price of Signature, there or pursued agent and title if applicable. NOTE: Registered Agent signature required when renations) Tax (filing requirement and elects to do so. (See criteria on back) Intermediate to the companient of State of Florida. Signature, there or purpose of changing its registered define or registered agent, or both, in the State of Florida. NOTE: Registered Agent signature required when renations) Trust Fund Contribution. Added to Fees Added to Fees will be \$550.00 Make Check Payable to Department of State Title D. (NIGHT, ANNIE A. (NIGH
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. SIGNARURE Supature, Merid or pented name of registered agent and Side if applicable. NOTE: Registered Agent signature required when refinatance) P. This corporation is eligible to satisfy its intanglole Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11 TITLE NAME STREET ADDRESS 2559 BROADWAY AVE. STREET ADDRESS 2599 BROADWAY AVE. STREET ADDRESS 2590 HIGHLAND AVENUE STREET ADDRESS 2530 HIGHLAND AVENUE STREET ADDRESS 35725 WITH AUGUST FT. MYERS FL 33916 TITLE D D D D D D D D D D D D D
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNARCURE Signature, lyfed of prened name of registered agent and tice it applicable. NOTE: Registered Agent spirature required when reinitating) Phile Signature, lyfed of prened name of registered agent and tice it applicable. NOTE: Registered Agent spirature required when reinitating) DATE 9. This corporation is eligible to satisfy its Intengiole Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DATE PROBLEM TITLE NAME STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33901 TITLE DR. STREET ADDRESS STREET ADDRESS STREET ADDRESS 2530 High LAND AVENUE GREEN, JOSEPHINE H NAME STREET ADDRESS GTY-ST-ZIP FT. MYERS FL 33916 TITLE DR. STREET ADDRESS GTY-ST-ZIP FT. MYERS FL 33901 TITLE DR. STREET ADDRESS STREET ADDRESS ABOUT TO STREET ADDRESS STREET ADDRESS STREET ADDRESS ABOUT TO STREET ADDRESS STREET ADDRESS STREET ADDRESS ABOUT TO STREET ADDRESS STREET ADDRES
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NAME GREEN, JOSEPHINE H STREET ADDRESS 4803 ZANA DRIVE STREET ADDRESS 1731 Pales of 54. CITY-ST-ZIP FT. MYERS FL 33901 TITLE D MAME BLACK, GEORGIA NAME VOLANDA JACKSON NAME VOLANDA JACKSON
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NAME WATERS MARY NAME IRIS JILES
STREET ADDRESS 3757 BELL STREET STREET STREET ADDRESS 2449 Capa: Dr.
CITY-ST-ZIP MYERS FL 33916 CITY-ST-ZIP Ft. Myers, F1. 33916
TITLE D. RECTOR. Public INLE DIRECTOR. Public Addition
NAME MENTRY MARK STREET ADDRESS 3757 BELL STREET NAME Groongia. Black STREET ADDRESS 4503 Zana De.
CITY-ST-ZIP FT. MYERS FL 38916 CITY-ST-ZIP FT. MYERS FL 38901
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 in the certify that the information is information and the certify that the information is information and the certify that the information is information and the certification of the certificati

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 ap address, with all other like empowered.

#M9000064778

ADDENDUM TO OFFICERS AND DIRECTORS

Beverly Ervin 422 Valley Drive Lehigh Acres, Fl. 33936

Board Member

Louise Hicks 2445 Depree St. Fort Myers, Fl. 33916

Board Member

Carolyn Green 1731 Raleigh Street Fort Myers, Fl. 33916 **Board Member**

Milton Turner 4273 Ellen Ave. Fort Myers, Fl. 33901 **Board Member**

