	ncipal Place of Business:			
4808 MANGO TAMARAC, FL				
Current Ma	iling Address:			
	•			
MARGATE,	CE BOX 938744 FL 33093			
FEI Number: 46-1857839			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
THOMPSON, C				
4808 MANGO TAMARAC, FL				
T () ()				1.
	d entity submits this statement for the purpose of changing its regi -	stered office or regis	tered agent, or both, in the State of Floric	la.
The above name SIGNATURI	E:	stered office or regis	tered agent, or both, in the State of Floric	
		stered office or regis	tered agent, or both, in the State of Floric	da. Date
SIGNATURI	E:	stered office or regis	tered agent, or both, in the State of Floric	
SIGNATURI	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Florid	
SIGNATURI Officer/Dire	Electronic Signature of Registered Agent			
SIGNATURI Officer/Dire	Electronic Signature of Registered Agent Ctor Detail : P	Title	s	
SIGNATURI Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : P THOMPSON, GILLIAN 1325 BENT PINE COVE	Title Name	S HENRY, MONIQUE	
SIGNATURI Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : P THOMPSON, GILLIAN 1325 BENT PINE COVE	Title Name Address	S HENRY, MONIQUE POST OFFICE BOX 938744	
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : P THOMPSON, GILLIAN 1325 BENT PINE COVE PORT ST. LUCIE FL 34986	Title Name Address	S HENRY, MONIQUE POST OFFICE BOX 938744	
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : P THOMPSON, GILLIAN 1325 BENT PINE COVE PORT ST. LUCIE FL 34986 T	Title Name Address	S HENRY, MONIQUE POST OFFICE BOX 938744	

I hereby 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 all other like empowered.

SIGNATURE: GILLIAN THOMPSON

PRESIDENT

04/17/2014 Date

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N1300000335

Entity Name: APOSTLE G. THOMPSON INTERNATIONAL MINISTRIES, INC.

inal Blace of Busines