| Current Mailing Address: | | | | |
|--|--|-----------------|-----------------------------------|------------|
| 3986 NW 16 MIAMI GARI | 7TH ST DENS, FL 33054 US | | | |
| FEI Number: 47-2218842 | | | Certificate of Status Desired: No | |
| Name and Address of Current Registered Agent: | | | | |
| PASCAL, ALICIA 17560 NW 27 AVENUE MIAMI, FL 33056 US | | | | |
| 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 | E: ALICIA PASCAL | | | 04/11/2022 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | PD | Title | VD | |
| Name | PASCAL, ALICIA | Name | SUMMONS, JARVIS | |
| Address | 17560 NW 27 AVENUE | Address | 17560 NW 27 AVENUE | |
| City-State-Zip: | MIAMI FL 33056 | City-State-Zip: | MIAMI FL 33056 | |
| Title | D | | | |
| Name | WALKINE, LATAVIA | | | |
| Address | 17560 NW 27 AVENUE | | | |
| Address | 17560 NW 27 AVENUE | | | |

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.

OWNER

SIGNATURE: ALICIA L SURMONS-PASCAL

City-State-Zip: MIAMI FL 33056

Electronic Signature of Signing Officer/Director Detail

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE EYE OPENER MISSIONARY MINISTRIES, INC.

DOCUMENT# N14000009866

1244 ALI BABA AVE MIAMI GARDENS, FL 33054

Current Principal Place of Business:

7870816908CC

04/11/2022

Date