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: LUIS E FERNANDEZ

I

Electronic Signature of Signing Officer/Director Detail

Entity Name: CHURCH OF CHRIST MINISTRIES INC.

### **Current Principal Place of Business:**

5119 NW 48TH AVE COCONUT CREEK, FL 33073

# **Current Mailing Address:**

5119 NW 48TH AVE COCONUT CREEK, FL 33073 US

## FEI Number: 82-3964641

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title	D/P	Title	D/VP	
Name	FERNANDEZ, LUIS E	Name	SAYAH, MICHAEL	
Address	1840 NORTHEAST 186TH STREET, #2C	Address	1840 NORTHEAST 186TH STREET, #2C	
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	MIAMI FL 33179	
Title	D/S			
Name	TOFFOLI, LILI			
Address	1840 NORTHEAST 186TH STREET, #2C			
City-State-Zip:	MIAMI FL 33179			

PRESIDENT

02/16/2019

Date

### FILED Feb 16, 2019 Secretary of State 0512447966CC

Date