2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # N48620** Jul 11, 2000 8:00 am Secretary of State 1. Entity Name TABERNACLE AFRICAN UNIVERSAL CHURCH, INC. 05-22-2000 90129 016 ****61.25 Principal Place of Business Mailing Address 3531 OLD KINGS RD P OBOX 40332 JACKSONVILLE FL 32254 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address 10-180x 40583 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3091878 Jacksonville, FL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DAVIS, MARSHAL D. ----233 EAST BAY ST STE 620 City Zip Code JACKSONVILLE FL 32202 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (6)36) ☐ Change Addition Delete NAME NAME Keyes, Kubini V. **CR2E037** STREET ADDRESS STREET ADORESS 2939 WEST FOURTH ST. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Delete ☐ Change Addition TITLE TITI F NAME NAME KEYES, PAULINE STREET ADDRESS STREET ADDRESS 4651 FREDERICKSBURG AVE. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Delete ☐ Addition TITLE Change Anthony newsome NAME NAME STREET ADDRESS STREET ADDRESS 2-9-3-9-W-44K-S+ CITY-ST-ZIP CITY-ST-ZIP Jacksonville, Fr 32254 Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-70P ☐ Change Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIEDATI IFE SECULZIÓN V. Keyes

5/1/2000

Daytime Phone #