DOCUMENT # 718732 1. Entity Name					Apr 01, 2002 8:00 am § Secretary of State			
CHURCH RIDA, IN	i women united in greati ic.	ER JACKSONVILLE, FL	.0			-01-2002 90638		
Principal Plac	ce of Business	Mailing Address						
4660 EFFINGHAM RD JACKSONVILLE FL 32208 US		4660 EFFINGHAM RD JACKSONVILLE FL 32208 US			li			
2 Principal (Place of Business	3. Mailing Address)))
3228 R	BAUH SCENIC DR	3228 RIBAUIT	ScENic	De	F 3888/11 38881 138)	EJI (5101) (1801 (1811 EJI	ill fifiil 1081
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE	
City & Star		City & State	<u>مر</u>		4. FEI Number	9-1517017	⊢	pplied For
Zip 、	ONVILE, 71	JACKSONVILLE Zip	Country		5. Certificate of St		\$8.75 44	ot Applicable iditional
3220	6. Name and Address of Current F	32208	USA_			Iress of New Regist	Fee Require	ed
	6. Name and Address of Current P	negistered Agent	Name	15000			erea Agent	
MOSLEY,	PAULINE Y		Street /	Address (F	P.O. Box Number is I	RoThy Not Acceptable) ScEN/C	DR	
4660 EFFI	100		VVIIIE,	JCFIVI V	<i>NK</i>			
UNONCON	VILLE 1 L 02200		City	11-101	VV/III-j		FL Zip Coo	2208
8. The above	e named entity submits this statement for	the purpose of changing its re	egistered office o	r register	ed agent, or both, in	the state of Florida.	<u> </u>	
SIGNATURE	Warsthy C Ke Signature, typed or printed night or registered agent ar		Hy KEN Registered Agent signa	NERI			EB 15,20	02
	Signature, typed or printed name of registered agencar	(NOTE: I	Hegistered Agent signa	tore required	when reinstaung)			
	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees		heck Payable rtment of State	
10.	OFFICERS AND DIR	ECTORS	11.		DDITIONS/CHANG	L ES TO OFFICERS AN	ND DIRECTORS II	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mosley, Pauline Y 4660 Effingham RD Jacksonville Fl 32208	💢 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3228	NERIY, Doi RIBAUIT KSONVIIIĒ,	SCENIC D	□ Change	Addition 🔀
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNERLY, DOROTHY 3228 RIBAULT SCENIC DR JACKSONVILLE FL 32208	I X ○ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	מ	CH, MARIAN MADRID AV SONVITE,		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	D SOUTHWORTH, BETTY 2102 RONALD LANE JACKSONVILLE FL 32216	Delete	NAME STREET ADDRESS CITY-ST-ZIP			*	_ Change	. Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IS NEWTON, MILDRED 4912 40TH ST CIRCLE JACKSONVILLE FL 32209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME	D SAPP, BETTY 6011 BROOKRIDGE RD JACKSONVILLE FL 32210	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAGROCIWILLE I'L SEE IV	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
12. Thereby	certify that the information supplied with t	his filing does not qualify for the	he exemption sta	ted in Sec	tion 119.07(3)(i) Flo	orida Statutes I furthe	er certify that the in	nformation

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.