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FILED Jan 30, 2003 8:00 am

2003 NOT-FOR-PROFIT COMPORATION UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # 726416 01-09-2003 90101 027 ****61.25 1. Entity Name BELL SHOALS CHURCH OF CHRIST, INC. Principal Place of Business Mailing Address 2908 BELL SHOALS ROAD 2908 BELL SHOALS ROAD BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-2365850 Applied For City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAROLO COOK Street Address (P.O. Box Number, is Not Acceptable) 1202 THOMAS JACOBS PL CLOUSE, FRED 18733 BOYETTE RD. LITHIA FL 33547 Zip Code 33510 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. I am familiar with, and accept the obligations of registered agent. of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 다. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS WILLIE A. COBB 3707 E. BLOOMINGDALE AVE mesos pres TITLE Delete TITLE ☐ Chance Addition Addition CLOUSE, FRED NAME NAME 18733 BOYETTE RD. STREET ADDRESS STREET ADDRESS CR2E037 VALRICO FL 33594 LÍTHIA FL 33547 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change **Addition** COOK, HAROLD HAROLO CASEY NAME NAME 3402 SAMALLEN DAKS CR 1202 THOMAS JACOBS PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRANDON FL 33510** ANY CITY FL 33565 CITY-ST-7P SD TITLE Delete ☐ Change ☐ Addition THOMAS, CLINTON NAME NAME 2315 GREENLAWN ST STREET ADDRESS STREET ADDRESS BRNADON FL 33511 CITY-ST-ZIP CITY-ST-7IP --TITLE ☐ Delete ☐ Addition SHEASBY, MEL NAME 3949 LITHIA PINECREST RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

THE CHARGED COOK

BIGINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: