2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am **DOCUMENT # 732270** Secretary of State 1. Entity Name 02-21-2002 90044 049 ****61.25 LIVING HOPE COMMUNITY CHURCH, INC. Principal Place of Business Mailing Address 2111 N E 36TH AVENUE 2111 N E 36TH AVENUE OCALA FL 34470-126 OCALA FL 34470-126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1948985 Not Applicable Zip Country Country Zip \$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 Street Address (P.O. Box Number is Not Acceptable) SIMMONS, GERALD E. 1131 SE 43RD TERRACE **OCALA FL 34471** City Zin Code 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01) Addition TITLE ☐ Delete TITI F Change SIMMONS, GERALD E NAME NAME 1131 SE 43RD TERRACE **CR2E037** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete KERN. LISA NAME NAME 3031-B SE 5TH TERR STREET ADDRESS STREET ADDRESS QCALA:FL:34471 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE BRICKEY, FRANK 383 S.E. 90+1 ST. LIBBY, BETH NAME NAME STREET ADDRESS 211 SW 29TH PLACE STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP **D** . . . TITLE ☐ Change ☐ Addition TITLE ☐ Delete COBB: BILL NAME NAME 10904 NE 41ST TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ANTHONY FL 32617 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition DAUBENMIRE, DICK NAME 2538 SE. 16 ST STREET ADDRESS STREET ADDRESS CITY - ST-ZIP OCALA FL 34471 CITY-ST-ZIP ■ Addition TITLE ☐ Delete LARRY PRESTON RT. 3 BOX 781 ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS SILVER SPRINGS FL. 34488 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 attachmen

SIGNATURE:

JUMMONA ED SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR