2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 750 425 **Apr 24, 2001 8:00 am** Secretary of State SUNCOAST CHURCH OF CHRIST INC. 04-24-2001 90028 002 \*\*\*\*70.00 Principal Place of Business Mailing Address 5561 HYPOLOXY RD 5561 HYPOLOXURO LAKE WORTH LAKE WORTH **BUUGGUUA** FL 33463-4301 FL. 33463-4301 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 59-0389375 Not Applicable Zip Country Zip Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUSSEL, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 5561 HYPOLOXY RD LAKE WORTH FL. 33463-4301 Zip 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to-\$5.00 May Be Trust Fund Contribution. FEE:IS \$61.25 Added to Fees .Department.of.State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD DUELEZ, FELIX Addition ☐ Change TITLE ☐ Delete TIT! F LALLA, CLARENCE 6190 HONEYWOOD WAY NAME NAME 9609 ARBOR MEADOW DR. STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FU 33437 CITY-ST-ZIP LAKE WORTH. FL. 33463 CITY-ST-ZIP ☐ Delete ☐ Change LERRO, RICHARD J NAME NAME 6585 MONMOUTH RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL. 33413 GOSA RAY 3757-SATIN LEAR CT. TITLE XI. Change ☐ Addition ☐ Delete NAME NAME GOSA, RAY 3757 SATIN LEAR CT. STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE ROGERS, JIM 4231 DALE RA NAME STREET ADDRESS STREET ADDRESS WEST PALIN BEACH, FL 33461 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition BERTRAM . W. RAY 2025 6th CT. SOUTH NAME STREET ADDRESS STREET ADDRESS LAKE WORTH, FL 33461 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #