FILE NOW: FILING FEE IS \$61.25 NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 OCUMENT # 768955 Church of Positive Living, INC DOCUMENT # Mailing Address Principal Prace of Business 7327 Conterwood AU Spring Hill F1. 34606 3a. Date of Last Report 3. Date Ingorporated or Qualified Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Renic Study Street Address (P.O. Box Number is Not Acceptable) 7387 Centurwood AU 83 Spring Will Fl. 34606 84 85 Zip Code City 11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of oirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of Section 617.0303, Florida Statutes. SIGNATUR (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OF ICERS AND DIRECTORS 13. Addition Change DELETE THILE 11 TITLE 1.2 NAME NAME 7327 Center Wood A) STREET ADDRESS 1.3 STREET ADDRESS Danielle Riley V.P. CHTY - \$1 - ZIP 1.4 CITY - ST - ZIP ____ Addition Change DELETE THE 21 TITLE NAME 2.2 NAME 207 to Osborne AU STREET ADDRESS 23 STREET ADDRESS Tampa F1. 33603 CITY - \$1 - ZIP 2 4 CiTY-ST-ZIP Change ___ Addition 31 TITLE THLE Raymond Duzin Keening 100 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS Spring A(1) 71.34606 CITY - ST - ZIP 34. CITY - \$1 - ZIP Change ___ Add-tion 4 1 TITLE THEF NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY - ST - ZIP 4.4 CITY - \$1 - ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAMé NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP 400001782824mge Laddition -04/16/96--01126--039 ングリレ ***61.25 DELETE 61 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information invicated on this annual report or supplemental annual 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 13 if changed, or on an attachment with an address. 4/ Ag6 904 686 984/