FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 27, 2002 8:00 am Secretary of State **DOCUMENT # 850278** 1. Entity Name 08-27-2002 90117 041 ****61.25 THE CHURCH OF GOD OF THE MOUNTAIN ASSEMBLY, INC. Principal Place of Business Mailing Address 164 N. FLORENCE AVE. 164 N. FLORENCE AVE. P.O. BOX 157 P.O.BOX 157 JELLICO TN 37762 JELLICO TN 37762 2. Principal Place of Business 3. Mailing Address or ence Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For < (lic 62-6012946 Not Applicable \$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 Street Address (P.O. Box Number is Not Acceptable) WHITEHEAD, LUTHER 1753 BIDDLE STREET PALM BAY FL 32907 City 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. I am familiar with, and accept the obligations of registered agent. .SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to min. will be \$236.25. Trust Fund Contribution, Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD ☐ Delete TITLE ☐ Change Addition NAME LYKE, LONNIE NAME STREET ADDRESS 326 OLD TRACY BRANCH RD STREET ADDRESS CITY-ST-ZIP CLAIRFIELD TN 37715 CITY-ST-ZIP Delete STD TITLE ☐ Change NEWTON, ALFRED JR. NAME STREET ADDRESS 170 N. FLORENCE AVE. STREET ADDRESS CITY-ST-ZIP -Jellico tnº CITY-ST-ZIP TITLE VPD ☐ Delete TITLE ☐ Change Addition NAME COK, JAMES L NAME STREET ADDRESS 1100 LARKLANE STREET ADDRESS CITY-ST-ZIP CORBIN KY 40701 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITI F

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Roger L. Webh 8-22-02

☐ Change

423 784-8260

☐ Addition