2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT	(UI
DOCUMENT # F9500003259 1. Entity Name	
	- 11



FILED Jan 15, 2003 8:00 am § Secretary of State

01-15-2003 90282 038 ****61.25

. Entity Name	
JNITED CHURCH OF GOD, AN INTERNATIONAL ASSOCIATION, INCORPORATED	

Principal Place of Business Mailing Address 555 TECHNECENTER DRIVE PO BOX 541069 MILFORD OH 45150-2755 CINCINNATTI OH 45254-1069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 95-4529758 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name

RHODES, HAROLD Street Address (P.O. Box Number is Not Acceptable) 3878 BAY WIND DR. **GULF BREEZE FL 32561** City

Suite, Apt. #, etc.

City & State

Zip

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.

Country

SIGNATURE

City & State

Zip

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61,25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

Make Check Payable to Florida Department of State

Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE D X Change ☐ Addition NAME MCCULLOUGH, LESLIE L NAME STREET ADDRESS 5405 DUPONT CIR STE A STREET ADDRESS CITY-ST-7IP MILFORD OH 45150 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME SEELIG, GERALD NAME STREET ADDRESS 5405 DUPONT CIR STE A STREET ADDRESS CITY-ST-7IF MILFORD OH 45150 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DICK, ROBERT NAME STREET ADDRESS 14428 62ND DRIVE S.E. STREET ADDRESS CITY-ST-ZIP EVERETT WA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition KUBIK, VICTOR NAME STREET ADDRESS 3707 TURFWAY CT STREET ADDRESS CITY-ST-ZIF INDANAPOLIS IN 46228 CITY-ST-ZIP TITLE ☐ Delete TITLE X Change ☐ Addition NAME HOLLADAY, ROY NAME STREET ADDRESS 802 BRIARWOOD ST STREET ADDRESS CITY-ST-ZIP HAWKINS TX 75765 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KIRKPATRICK, THOMAS L NAME 5405 DUPONT CIRCLE, SUITE A STREET ADDRESS STREET ADDRESS CITY-ST-7IP MILFORD OH 45150 CITY-ST-ZIP

12. Thereby 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.

EQGERATAL Seelig, Secretary SIGNATURE:

1/08/03

513-576-9796