NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91141 016 ****61.25

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DOCUMENT # N00000000536

1. Entity Name
A MATTER OF FAITH Inc.

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2. Principal Place of Business	3. Mailing Address
3979 North Side Cir.	7720 Ebson Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Fort Myers Fl.	City & State: N. Ft. Myers Fl.
Zip: 33903 Country: IEE	Zip: 33917 Country: IEE.

4. FEI Number: 62-1425557 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Pat Flanigan

Street Address (P.O. Box Number is Not Acceptable): 7720 Ebson Drive

City: N. Fort Myers FL Zip Code: 33917

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] PATRICK E. FLANIGAN PRESIDENT 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	President D
NAME	Pat Flanigan
STREET ADDRESS	7720 Ebson Drive
CITY-ST-ZIP	N. Ft. Myers Fl. 33917
TITLE	Secretary D
NAME	Pete Ekenrode
STREET ADDRESS	3809 McKinley Ave
CITY-ST-ZIP	Ft. Myer Fl. 33901
TITLE	Treasurer D
NAME	John Abbondandolo
STREET ADDRESS	102 S.E. 21st Ave
CITY-ST-ZIP	Cape Coral Fl. 33990
TITLE	
NAME	
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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] John Abbondandolo Treasurer D 4-29-02 941 872-4894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #