2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Escretary of State DOCÚMENT # N00000007676 1. Entity Name 05-17-2001 90410 031 ****61.25 THE CONCERT MINISTRY OF TIMOTHY MARK, INC. Principal Place of Business Mailing Address 3205 WATERSIDE PO BOX 5178 02086000 ENGLEWOOD FL 34224 ENGLEWOOD FL 34224 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 65-105400 Not Applicable Zip Country Zip Country \$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) PICKELL, TIMOTHY M 3205 WATERSIDE ENGLEWOOD FL 34224 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) 9. Election Campaign Financing FILE NOW: 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. ☐ Delete TITLE ☐ Addition ☐ Change PICKELL, TIMOTHY M NAME STREET ADDRESS 3205 WATERSIDE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34224 TITLE ☐ Delete TITLE Change ☐ Addition NAME PICKELL, STEPHEN NAME STREET ADDRESS 10 BERRY STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP QUINCY MI 49082 TITLE □ Delete TITLE Change Addition NAME CULBERTSON, BETH A NAME 19362 Iago Ave Port Charlotte FL 33953 STREET ADDRESS STREET ADDRESS 5879 BRICKELL DRIVE CITY-ST-ZIE CITY-ST-ZIP NORTH PORT FL 34286 TITLE Delete Change Addition Simpson, Dalid NAME NAME 427 Azaleadell Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 40USton TX 77018 ☐ Delete TITLE ☐ Change Addition John Cross NAME NAME 13000 Tamiami Trail STREET ADDRESS STREET ADDRESS CITY-ST-ZIP North Port CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____SU

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Affachmen & \$0058020) #N00000007676

May 10, 2001

Our client, The Concert Ministry of Timothy Mark, Inc, N00000007676, came in to work on the 501c3 application. At this time, we reviewed the filing requirements for the corporation. When questioned concerning the Annual Report, the client did not understand the filing requirements of this initial report. This is the clients first year as a corporation and to have this filing requirement. We are asking that you accept the filing fee of \$ 61.25 enclosed and allow filing without penalty.

Sincerely,

Beth Culbertson