FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 08, 2001 8:00 am Secretary of State DOCUMENT # NO2759 1. Entity Name LIBERTY CHURCH OF TALLAHASSEE, INC. 01-08-2001 90019 003 ****61.25 Principal Place of Business Mailing Address 2450 FL. GA. HWY. 2450 FL. GA. HWY. HAVANA FL 32333 HAVANA FL 32333 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2261783 Not Applicable \$8.75 Additional Country Zip Country Zip 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) BRADY, EMILE J JR. 2450 FL. GA. HWY. HAVANA FL 32333 Zip Code City 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 reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. CR2E037 (10/00) ☐ Change Addition ☐ Delete TITLE TITLE BRADY, EMILE J JR. NAME NAME 2450 FL. GA. HWY. STREET ADDRESS STREET ADDRESS HAVANA FL 32333 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE BRADY, KATHLEEN A NAME NAME STREET ADDRESS 2450 FL. GA. HWY. STREET ADDRESS HAVANA FL 32333 CITY-ST-ZIP -CITY-ST-ZIP STD Addition ☐ Defete TITLE ☐ Change TITLE LAMBERT, KEN NAME NAME 1960 CAMP LANE STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32303 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 prother like empowered.

SIGNATURE:

1-4-01 850-566-0971