2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N93000002719 May 05, 2000 8:00 am Secretary of State NATIONAL CONSERVATIVE CHRISTIAN CHURCH, INC. 05-05-2000 90044 032 ****61.25 Principal Place of Business Mailing Address 4460 NORTHGATE CT. 4460 NORTHGATE CT. SARASOTA FL 34235-8102 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address 3650 175 Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 65-0431171 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US 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) STRUBLE, DONALD W 1910 ROLLING GREEN CIRCLE SARASOTA FL 34240 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME arno, richard G NAME STREET ADDRESS STREET ADDRESS 888 BOULEVARD OF THE ARTS, SUITE 1404 CITY-ST-7IP CITY-ST-ZIP SARASOTA FL Change ☐ Addition VD. □ Delete TITLE 3650 17th Street SMITH, PHYLLIS J NAME STREET ADDRESS STREET ADDRESS 4470 NORTHGATE CT. CITY-ST-ZIP CITY-ST-ZIF SARASOTA FL Change TITLE STD ☐ Delete TITLE Addition STRUBLE, DONALD W NAME 2650 17th Street STREET ADDRESS 5824 BEE RIDGE ROAD, #169 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 er 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

TUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald W. Stouble

changed, or on an attachmet