| 2002 | UNIFORM BUS | INESS REPO | RT (UBI | R) | - | | , to | |
|--|---|--------------------------------|--|---|--|-----------------|---------------------------|--|
| DOCU 1. Entity Nam | MENT # N94000 | | 05-23-2002 90069 036 **** 61.25 N9400000308 | | | | | |
| SAN MA | TEO FIRST CHURCH OF TH | | 02 JUN 17 PM 4: 34 | | | | | |
| Principal Plac | e of Business | Mailing Address | | | SECRETARY OF STATE | | | |
| ISE S. HIGHWAY 17-S | | PO BOX.1268- | | | TALLAHASSI | ie, Flori | IDA | |
| SAN' MATEO: F | L 32187 | SAN MATEO FL 32187 | | | | | | |
| Principal Place of Business 3. Mailing Addres | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| z. Filiopai F | iace of Edsiriess | o. Mailing Address | | 1 1908/1807 BKD 10 | L RECORDER ON TOUR ELIGIT BRITT BOTH BOTH DOWN DOWN DOWN THAT TRADE (BIT 1861) | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & Stat | е | City & State | | 4. FEI Number | 9-2383652 | | plied For t Applicable | |
| Zip Country | | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Add | ress of New Registered | Agent | | |
| | | | | Name David M. Willink | | | | |
| SPURLOC | K, W.EARL | | Street A | et Address (P.O. Box Number is Not Acceptable) | | | | |
| _102:APNO | LD AVE | | 49 | DE S HWV 17 | | | | |
| INTERLAC | HENLEL 32146 | ¥ | City. | FI Zip Code | | | | |
| 2 | - 1 | | | San Mateo | | 3218 | 7 - | |
| d. Try above | named entity submits this statement f | or the purpose of changing it | s registered dilice (| registered agent, or don't, in | the state of Florida. | | | |
| , SIGNATURE . | David M. Willink | , President/N | dinister . | / Daw M. Will | We | 4/4/0 | 2 | |
| SIGNATIONE. | Signature, typed or printed name of registered egen | t and title if applicable. (NO | TE: Registered Agent signs | ture required when reinstating) | DATE | | | |
| FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Cor | | | ampaign Financing Contribution. | \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND D | RECTORS | 11. | ADDITIONS/CHANG | ES TO OFFICERS AND D | DIRECTORS IN | 10 | |
| TITLE | Ť : | ☐ Delete | TITLE | P | | ☐ Change | Addition X | |
| NAME , | FAKE, ERNIE | | NAME | David M. Wil | link | | • | |
| STREET ADDRESS CITY-ST-ZIP | RETADDRESS 802:SQUIRRELETRAIL | | STREET ADDRESS CITY-ST-ZIP | 496 S. Hwy. | | ÷ | | |
| TITLE | DATE DATE OF THE Delete | | TITLE | San Maten, F | L_3/18/ | ☐ Change | ☐ Addition | |
| NAME | BEARD, BLANCH | 1 30000 | NAME | | | | | |
| STREET ADDRESS | S 211 CLEARWATER | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP . | SATSMUA FL 38189 | | CITY-ST-ZIP | = 7.5 | | 57) Channa | Addition | |
| itle Name | T. KNUBSEN, CYNTHIA | Delete | title Name | T/^ Knudsen, Cyr | nthia | ⊠ Change | ☐ ¥odiiroii i | |
| STREET ADORESS | 496 S. HIGHWAY 17S | STREET ADDRESS | 211 Fern St. | | | _ | | |
| CITY-ST-ZIP | SAN MATEO PL | CITY-ST-ZIP | Palatka, FL | 32 177 | | | | |
| TITLE | | TITLE NAMÉ | T Watten; III | | Change | Addition | | |
| name , Street address | POULIN, EDITH ADDRESS 213 CHEARWATER RD | | | 239 Buffelo | | | | |
| CITY-ST-ZIP | SATSUMA PL 32189 | STREET ADDRESS CITY-ST-ZIP | Satsuma, FL | | | | | |
| TITLE | S | Delete | TITLE | , | | Change | ↑ Addition | |
| NAME | FAKE, ANNA | | NAME REPORT ADDRESS | | | MIN | | |
| STREET ADDRESS | 802 SQUIRREL TREE TRAIL | | STREET ADDRESS CITY-ST-ZIP | | | / | | |
| CITY-ST-ZIP. | SATSUMA FLV32189 | Mai Delete | TITLE | | | ☐ Mange | ☐ Addition | |
| TITLE Name | SPURLOCK, W. EARL | FENT DESERT | NAME | | | | | |

STREET ADDRESS
CITY-ST-ZIP

INTERPLACE IN THE PROPERTY OF STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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.

Day 1d, M. Willlink President

4/4/02 385-325-0595