DOCUMENT # N9500001134 **FILED** 1. Entity Name Jan 16, 2001 8:00 am Secretary of State NORTHWEST FLORIDA JURISDICTION CHURCH OF GOD IN 01-16-2001 90071 005 ****70 00 Principal Place of Business Mailing Address 212 \$ N STREET 212 S N STREET PENSACOLA FL 32501 PENSACOLA FL 32501 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 NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) YOUNG, JOHN D SR 8346 SUNNY ACRE LANE PENSACOLA FL 32514 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Addition TITI F ☐ Change ☐ Delete YOUNG, JOHN D SR NAME NAME STREET ADDRESS 8346 SUNNY ACRE LANE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32514 CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SMITH, FREDERICK NAME 1343 RULE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32534 CITY-ST-ZIP XX Addition TITLE XX Delete TITLE VD WALLACE, ODEST SR NAME NAME BANKS, GENE 5351 CASSIE LANE STREET ADDRESS STREET ADDRESS 6700 FIELDS LANE CITY-ST-ZIP MILTON FL 32583 CITY-ST-ZIP PENSACOLA, FL 32505 ☐ Delete TITLE XX hange TITLE ☐ Addition NAME BRAGG, WILLIE J NAME 505 EAST MYRTLE STREET ADDRESS 2080 W. INTENDENCIA-ST STREET ADDRESS CITY-ST-ZIP FOLEY. AL CITY-ST-ZIP PENSAGOLA FL 32501 36535 ☐ Delete TITI F ☐ Change ☐ Addition STALLWORTH, STELLA NAME NAME 4250 PLEASANT DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32308 ☐ Delete TITLE TITI F ☐ Change ☐ Addition 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 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 attachme

SIGNATURE