2002 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2002 8:00 am DOCUMENT # N9500004064 **Secretary of State** 1. Entity Name 03-14-2002 90077 007 ****61.25 GOD'S CHURCH OF ORLANDO, INC. Mailing Address Principal Place of Business 8188 SULLY DRIVE 8188 SULLY DRIVE ORLANDO FL 32818 ORLANDO FL 32818 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P:O-Box Number is Not Acceptable) ELLIOTT, ROBERT-J=== 8188 SULLY DRIVE ORLANDO FL 32818 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: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01)☐ Addition TITLE □ Change TITLE ☐ Delete **ELLIOTT, ROBERT J** NAME NAME **CR2E037** STREET ADDRESS 8188 SULLY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 Change ☐ Delete TITLE TITLE ELLIOTT, MICKI NAME NAME 8188 SULLY DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32818 CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE MINCY, SEANA NAME NAME STREET ADDRESS 6460 POMEROY CT. STREET ADDRESS ORLANDO FL 32810 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE FLOWERS, EDISON NAME NAME 131 DOWDNEY LANE STREET ADDRESS STREET ADDRESS **DAVENPORT FL 33837** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE BICKELL, RICHARD NAME NAME 7249 TALLOW LANE STREET ADDRESS STREET ADDRESS ORLANDO FL 32835 CiTY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

ENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

r. Elliott

3/2/02,