2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 08, 2002 8:00 am[§] Secretary of State DOCUMENT # N9600003993 1. Entity Name Ching to: Abiding Faith Christian Ministrie From Westcoast Center for Human Development of Ga 05-08-2002 90009 005 ****61.25 INESVILLE, INC. Principal Place of Business Mailing Address 6529 NW 39TH AVE PO 80X 357234 GAINESVILLE FL 32606 GAINESVILLE FL 32635-7234 us : 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 59-3391905 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name John S. Cowart Street Address (P.O. Box Number is Not Acceptable) COWART, JOHN S 10827 NW 15th Place 1306 NW 99TH TER. **GAINESVILLE FL 32606** City Zip Code **Gainesville** 32606 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change □ Addition CR2E037 (9/01) NAME stubbs, patricia a NAME 5922 NW 27 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32653 ☐ Delete TITLE Change ☐ Addition NAME Cowart, John S NAME COWART, JOHN S. STREET ADDRESS 1306 NW 99TH TERR STREET ADDRESS 10827 NW 15th Place CITY-ST-ZIP gainesville fl CITY-ST-7IP Gainesville, FL 32606 TITLE ☐ Delete TITLE Change ☐ Addition NAME STOKES, BRIDGET L W NAME STREET ADDRESS 2346 SW 34 PLACE STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32608 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FLEMING, WALTER L STREET ADDRESS 3005 NW 76TH TERR STREET ADDRESS CITY-ST-ZIE GAINESVILLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME Greene, anthony f NAME STREET ADDRESS 7320 NW 47 COURT STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32606 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition PORTER, HENRY L NAME NAME STREET ADDRESS

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. BRIDGET STOKES

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

403 N. WASHINGTON BLVD

SARASOTA FL 34236

SIGNATURE: WALLEMENTS

352-392-1991