2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE 2

FILED Feb 21, 2000 8:00 am Secretary of State DOCUMENT # **N41641** 1. Entity Name 1102 SOUTH TYLER STREET-CHURCH OF THE LIVING GOD 02-21-2000 90032 034 ****70.00 Principal Place of Business Mailing Address 1102 SOUTH TYLER ST. 1102 SOUTH TYLER STREET PLANT CITY FL 33566-6452 PLANT CITY FL 33566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3128189 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 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) SMITH, FRANK, JR. 1102 S. TYLER ST. PLANT CITY FL 33566 City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. □ Delete TITLE ☐ Change ☐ Addition TITLE NAME SMITH; FRANK, JR. STREET ADDRESS STREET ADDRESS 1207 S. TYLER ST. CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE П NAME NAME LAMPKIN, EVELYN STREET ADDRESS STREET ADDRESS 604 LINCOLN ST. CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL ☐ Delete TITLE ☐ Change Addition TITLE ST PIEREIRA, JACQUELIN-NAME NAME STREET ADDRESS STREET ADDRESS 406 S. HOWARD ST. CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL TITLE Change [] Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TIT) F Change 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 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