2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 752461 Apr 06, 2000 8:00 am Secretary of State THE EARTH'S MISSION, INC. 04-06-2000 90053 037 ****75.00 Principal Place of Business Mailing Address EARTH MISSION INC. EARTH MISSION INC. 2601 5TH AVE. SO. 2601 5TH AVE. SO. ST PETERSBURG FL 33712-1636 ST PETERSBURG FL 33712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 58-0840146 Not Applicable \$8.75 Additional Country Zip 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) GREEN, DEBORAH R 11601 4TH STREET, NO., #3815 ST PETERSBURG FL 33716 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change C BCPT ☐ Addition BCPT-☐ Delete TITLE TITLE Samuels, Constance SAMUELS, CONSTANCE D NAME NAME 2334 Highland Street South STREET ADDRESS STREET ADDRESS 1100 19TH ST. SO. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33712 ☐ Addition ☐ Change EDT ☐ Delete TITLE TITLE GREEN, DEBORAH R NAME NAME STREET ADDRESS STREET ADDRESS 11601 4TH ST. NO APT. #3815 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33716 elete Change ☐ Addition Mashell Wilcox/Treasuer TITLE TITLE WALKER, MICHELLE NAME 1175 Pinellas Point Dr. Sottle NAME STREET ADDRESS STREET ADDRESS 1100 19TH ST Petersburg, AL. 33305 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33712 ☐ Change ☐ Addition TITLE ST ☐ Delete TITLE NAME NAME SCOTT, MARY M STREET ADDRESS STREET ADDRESS 2658 22ND AVE S CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33712 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BUTLER, JAMES C STREET ADDRESS' STREET ADDRESS 2108 21ST ST SOUTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33712 Edward Kirkland/Secretary Thange 2227 19th Ave South ☐ Addition TITLE TITLE HOWARD, DARLENE NAME NAME STREET ADDRESS STREET ADDRESS 4701 6TH AVE S 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'l 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED PRINTED OR P