2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 06, 2003 8:00 am § Secretary of State **DOCUMENT # 700086** 05-06-2003 90027 049 ****61.25 THE COMMUNITY CHURCH INC Principal Place of Business Mailing Address P. O. BOX 424 SPRING STREET LANARK VILLAGE FL 32323 LANARK VILLAGE FL 32323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2752009 Not Applicable Zip Zip Country 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 GARRISS, ANN W Street Address (P.O. Box Number is Not Acceptable) 37-4 PINE STREET LANARK VILLAGE FL 32323 City 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. I am familiar with, and accept 5-3-2003 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. $\overline{\mathsf{CD}}$ Addition TITLE TITLE Delete ☐ Change GARRISS, ANN W NAME NAME **37-4 PINE STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANARK VILLAGE FL 32323 -CITY-ST-ZIP Addition TITLE X Delete TITLE Bowen Inez 111 California Street ☆ Change JONES, DOROTHY NAME NAME 674 E PINE ST STREET ADDRESS STREET ADDRESS Lanark Village, FL. 32323 LANARK VILLAGE FL 32323 CITY-ST-ZIP CITY-ST-ZIP X Delete Change Addition TITLE TITLE. Britz Mary 142 Carolina Street BOWEN, INEZ NAME NAME STREET ADDRESS 111 CALIFORNIA STREET STREET ADDRESS 32323 Lanark Village, FL. CITY-ST-ZIP CITY-ST-ZIP LANARK VILLAGE FL 32323 TITLE ☐ Delete TITLE ☐ Change Addition KITAMURA, MARY JANE NAME NAME 2204 LOUISIANA STREET STREET ADDRESS STREET ADORESS CITY-ST-ZIP CARRABELLE FL 32322 CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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 expowered 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. 5-3-2003 850-697-2664 Mary Jane Kitamura