FILED

2001 UNIFORM BUSINESS REPORT (UBR) *

Jul 20, 2001 8:00 am Secretary of State **DOCUMENT # 703350** 1. Entity Name 07-20-2001 90004 026 ****61 25 CENTRAL CHRISTIAN CHURCH OF ST. PETERSBURG, INC. Principal Place of Business Mailing Address HUUTOKAJ 4824 SECOND AVENUE SOUTH 4824 SECOND AVENUE SOUTH SAINT PETERSBURG FL 33711-1016 SAINT PETERSBURG FL 33711-1016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-08 189 13 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACK PONELEIT Street Address (P.O. Box Number is Not Acceptable) CHAMBLIN, ERNEST 4498 __ 32 merr __ M 6357, 3RD AVE SOUTH St. Petersburg Fl 33713 ST. PETERSBURG FL 33707 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE Addition PONELEIT, JACK NAME NAME STREET ADDRESS 4488 32ND TERR, N. STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33713 CITY-ST-ZIP XX Change ☐ Addition TITLE Delete TITLE COBBLE, JIM NAME SABIN, DICK NAME STREET ADDRESS 2538 32 AVENUE NORTH STREET ADDRESS 6057 27 AVE N CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33713 PETERSBURG FL 33710 TITLE Delete TITLE YXY Change ☐ Addition VD. CHUCK CARTER NAME HECKATHORNE, LARRY 6132-7TH AVE. SO. STREET ADDRESS STREET ADDRESS 6000 63 TERR N CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP PINELLAS PARY JITI F--∞---~ ☐ Delete TITLE Change ☐ Addition SHUEY, WILLIAM NAME NAME 5142-26 AVE SO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33707 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change · ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: