FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 12, 2001 8:00 am Secretary of State DOCUMENT # 711134 01-12-2001 90006 045 ****61.25 BERACHAH CHURCH, INC. Mailing Address Principal Place of Business 132 OVIEDO STREET 132 OVIEDO STREET ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State NOT APPLICABLE Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) STAPLES, MARK 3256 TURTLE CREEK ROAD ST AUGUSTINE FL 32086 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) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. CR2E037 (10/00) ☐ Change Addition STD TITLE ☐ Delete STAPLES, MARK NAME NAME STREET ADDRESS 3256 TURTLE CREEK RD STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL CITY-ST-ZIP ☐ Change ☐ Addition D ☐ Delete TITLE TITLE STONE, JOHN NAME STREET ADDRESS HASTINGS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HASTINGS FL Change. - - Addition ... - Delete ROBINSON, B. DON III NAME NAME STREET ADDRESS STREET ADDRESS **RFD 7 BOX 311D** CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STRFET ADDRESS CITY-ST-ZIP 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 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 attach

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