Jan 23, 2003 8:00 am

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

DOCUMENT # 711134



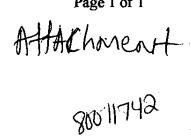
Secretary of State 1. Entity Name 01-23-2003 90068 008 ****61.25 OLD CITY BIBLE CHURCH, INC. Principal Place of Business Mailing Address 132 OVIEDO STREET 132 OVIEDO STREET ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent t. STAPLES, MARK Street Address (P.O. Box Number is Not Acceptable) 3256 TURTLE CREEK ROAD ST AUGUSTINE FL 32086 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Addition STAPLES, MARK NAME NAME 3256 TURTLE CREEK RD STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STONE, JOHN NAME NAME HASTINGS BLVD STREET ADDRESS STREET ADDRESS HASTINGS FL CITY-ST-ZIP CITY-ST-ZIP TITLE . Delete . TITLE. . Change بي بي بي سود يه مو . و . و . و . و . ROBINSON, B. DON III NAME **RFD 7 BOX 311D** STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP





Division of Corporations

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