2002 UNIFORM BUSINESS REPORT (UBR) FILED Feb 18, 2002 8:00 am Secretary of State **DOCUMENT # 711840** 1. Entity Name 43RD STREET CHURCH OF CHRIST OF WEST BRADENTON. 02-18-2002 90130 014 ****61.25 INC. Principal Place of Business Mailing Address 2300-43 ST WEST 2300-43 ST WEST **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2372195 Not Applicable ¿ ¿ Country Zip Zip 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 GREGORY, GARY Street Address (P.O. Box Number is Not Acceptable) 2300 43RD STREET WEST **BRADENTON FL 33529** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01) ☐ Delete TITLE Change ☐ Addition GREGORY, GARY NAME NAME 7703 19TH AVE DR WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** STD ☐ Delete TITLE ☐ Change ☐ Addition SUTTON, HAROLD S. NAME ·· NAME STREET ADDRESS 11208 LONGWOOD CT STREET ADDRESS CITY-ST-ZIP ... CITY-ST-ZIP **BRADENTON FL** ATD ☐ Delete TITLE TITLE Change ☐ Addition NAME THARPE, GARY NAME 3003 73RD ST EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P **BRADENTON FL** # M - 1812 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 36 11-2 TITLE Change ___ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Addition NAME NAME

12. I hereby certify that the infernation 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 of supplemental report of 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 ergovered 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 attachage it with an address with all other like employered. changed, or on an attach;

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP