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DOCUMENT # 715012 1. Entity Name					APPROVED AND FILED			
CHURCH OF POSITIVE LIVING, A UNITED CHURCH OF RE								
Principal Place of Business Mailing Address					SECRETARY OF STATE			
310 E LEMAN STREET STE 100 LAKELAND FL 33801		310 E LEMAN STREET STE 100 LAKELAND FL 33801		; 1 188 (1)	SECRETARY OF TALLAHASSEE,	. 4:5:: 8:5:: 8:6:: 8	a h otrhitre	
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State		4. FEI Numbe	59-1714179	— — —	plied For	
Zip Country		Zip	Country	5. Certificate	of Status Desired	\$8.75 Add		
	6. Name and Address of Current	Societared Agent		7 Name and	Address of New Registere	Fee Require	<u> </u>	
	v. Hame and Address of Cuffent	richisteren wägitt	Name	r. Name and	regions of Hem Hedistele	- Agent		
EISENHAUER, PATRICIA 5 EAGLES NEST N.W. WINTER HAVEN FL 33881			Street Address (P.O. Box Number is Not Acceptable) 2004718912-9 -12/11/01-01067-005 City ****236.26 *2606.25					
			City		※※※※<200. CE	L Pizip Goa	e ·	
SIGNATURE .	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25	and title if applicable. (NOTE: F 9. Election Campaign F Trust Fund Contributi	inancing	\$5.00 May Be Added to Fees		k Payable to		
10.	OFFICERS AND DI	PECTORS .	11.	ADDITIONS/CH	ANGES TO OFFICERS AND	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDROS, PAUL 2914 DELROSE DRIVE LAKELAND FL 33805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE INAME	P SAMAHA, ALAN K: 4739 DIMBATH DRIVE LAKELAND FL 33813.	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	BRAD THA 2636 STA LAKELAN	LHAMER ITE PARK RO. O, FL. 33805	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHESON, ANN P.O. BOX 2586 LAKELAND FL 33866	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1836 N. CR 1836 N. CR	ypple Ystal lake dr 1, fl. 33801	™ Gange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS; NINA 1070 SEVENTEETH AVE WINTER HAVEN FL 33880	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	DUFFER TES	LAIRE SSIE DR. SEN, FL. 33881	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EISENHAUER, PATRICIA 5 EAGLES NEST N.W. WINTER HAVEN FL 33881	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE	n	□ Delete	TITI C		<u>.</u>	Change	☐ Addition	

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 attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

FISHER, HELEN

1511 SPRUCE DR. LAKELAND FL 33801

NAME

STREET ADDRESS

CITY-ST-ZIP