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

Jan 29, 2003 8:00 am Secretary of State

Principal Place of Business 735 SUN N LAKE BLVD LAKE PLACID FL 33852 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country S. Cartificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HADLEY, ROXANNA 4 MEADOWLAKE DR LAKE PLACID FL 33852 City Street Address (PO Box Number is Not Acceptable) Street Address (PO Box Number is Not Acceptable) SIGNATURE Street Address of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Street Now: FEE IS \$61.25 8. Election Campaign Financing Trust Fund Contribution. Address (PO Box Number is Not Acceptable) Make Check Payable to Florida Department of State Name Address (PO Box Number is Not Acceptable) Make Check Payable to Florida Department of State SIGNATURE Street Address (PO Box Number is Not Acceptable) PLE Note: Registered Agent signature recurred when registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Street Address (PO Box Number is Not Acceptable) PLE Note: Registered Agent signature recurred when registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Street Note: Registered Agent signature recurred when registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Street Address (PO Box Number is Not Acceptable) Added to Fee Address (PO Box Number is Not Acceptable) A DOUGNACHABAGES TO DESCRESS AND DISECTORS IN the Address of Policy Number is Not Acceptable to Florida Department of State
Suite. Apt. #, etc. City & State City & State City & State Country Country S. Certificate of Status-Desired Se. 75, Additional Fee Required Fee Required Fee Required Fee Required Street Address of New Registered Agent Name HADLEY, ROXANNA 4 MEADOWLAKE DR LAKE PLACID FL 33852 City City FL 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 proted name of registered Agent and title # applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to Florida Department of State
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Zip Country Supplicable Zip Country 5. Certificate of Statue Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HADLEY, ROXANNA 4 MEADOWLAKE DR LAKE PLACID FL 33852 City FL Zip Code 6. 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, hyped or printed name of registered agent and title I applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Address of New Registered Agent and the Papartment of State Name Name Name
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46 OFFICERS AND DIRECTORS
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE CDT NAME SWEAT, ALEX STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 TITLE D NAME LARRY SAPP STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 TITLE P Delete TITLE D NAME LARRY SAPP STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 TITLE D Change DAddition
NAME SWEAT, ALEX STREET ADDRESS 5 SILK ST NAME LARRY SATT 108 LO QUAT, NW
CITY-ST-ZIP LAKE PLACID FL 33852 CITY-ST-ZIP LAKE PLACID FL 33852
THILE P
NAME DEMART, JOSEPH A STREET ADDRESS 1590 SECOND ST
CITY-S1-ZIP LAKE PLACID FL 33852 CITY-ST-ZIP
-TITLE DeleteTITLE Change Addition
NAME HADLEY, ROXANNA STREET ADDRESS 4 MEADOWLAKE DR NAME STREET ADDRESS
CITY-ST-ZIP LAKE PLACID FL 33852
TITLE D Delete TITLE CD Prince Addition
NAME SPIRES, ANDY STREET ADDRESS PO BOX 1432 NAME STREET ADDRESS P. O. BOX 1432
STREET ADDRESS PO BOX 1432 CITY-ST-ZIP LAKE PLACID FL 33852 STREET ADDRESS P.O. BOX 1432 CITY-ST-ZIP LAKE PLACID FL 33852
TITLE S Delete TITLE Change Addition
NAME MCKINNEY, IMOGENE NAME
STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP
TITLE Delete TITLE Delete TITLE Delete TITLE
NAME NAME
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: \(\)

Attachment 55 W3505

#7/699

Officers & Directors of Community Church of God

CD Apires,Andy Po Box 1432 Lake Placid,Fl 33852

Pastor, DeHart,Joseph 1590 Second St. Lake Placid,Fl. 33852

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Treasurer,Roxanna Hadley Secretary,Imogene McKinney
4 Meadowlake Dr. 1532 Sycamore Ave.
Lake Placid.Fl 33852 Lake Placid.Fl 33852-

S

D Larry Sapp 108 Loquat,NW Lake Placid,Fl 33852 D Robert Smart 440 Adams Ave. Lake Placid,Fl 33852