NOT-FOR-PROFIT CORPORATION **FILED UNIFORM BUSINESS REPORT (UBR)** Jan 28, 2002 8:00 am Secretary of State DOCUMENT # Maa 70 1. Entity Name 01-28-2002 90038 005 ****70.00 TIST Church of Esterolac. DO NOT WRITE IN THIS SPACE 810300 Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name DO NOT WRITE IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Department of State Trust Fund Contribution. Added to Fees Initial or Amended UBR OFFICERS AND DIRECTORS 10. Director-taster TITLE TITLE James A. Johnson NAME NAME daoj Farkview DR. 36 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MYERS, FL. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

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 on an attachment with an address, with all other like empowered.

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

Janson

STREET ADDRESS

CITY-ST-ZIP

office