DOCUMENT	T# 726713	HELOG HELFO	.,	FILED May 12, 2001 8:00 am Secretary of State			
THE	PHILADELPHI	A CHURCH, INC.	•		05-12-2001 90005		
Principal Place of Busine	ss .	Mailing Address					
	tlemen Road a, Florida.		Cattleme ota, Fl.	1.	Munaam		
2. Principal Place of Bus	iness	3. Mailing Address			, 🗸		
Suite, Apt. #, etc. Suite, Apt. #,		Suite, Apt. #, etc.	, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State	City & State		o 5 – 0 0 3 1 3 0 0	Applied For Not Applicable	
Zìp	Country .	Zip	Zip Country		5. Certificate of Status Desired		
6. Nam	e and Address of Current	t Registered Agent		7. Name	and Address of New Registered	Agent	
		<u> </u>	Name				
LACHER, CATHERINE L.				Street Address (P.O. Box Number is Not Acceptable)			
1770 Lo	gsdon St.						
North Port F1.34087			City		FL	Zip Code	
8. The above named ent	ity submits this statement f	or the purpose of changing its r	egistered office of	or registered agent, or	both, in the state of Florida.		
SIGNATURE Signature, type	d or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signa	ature required when reinstating	p) DATE		
FILE NOW: 9. Election Campaign Fir Trust Fund Contributio				\$5.00 May Be Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/	CHANGES TO OFFICERS AND DI	RECTORS IN 10	
	ER, CATHERIN :LOGSDON ST.		TITLE NAME STREET ADORESS			☐ Change ☐ Addition	

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	LACHER, CATHERINE 1770 LOGSDON ST. NORTH PORT, FL. 34087	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	STOTZ, RON 3411 CEDAR ST. ELLENTON, FL.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	PETERSON, RAY 1015 7th AVE. E. BRADENTON, FL.	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S T NAME STREET ADDRESS CITY-ST-ZIP	HUGHES, ALLEN D. 349 APOLO BEACH BLVD. APOLO BEACH, FL. 33572	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	FLOYD, K. JASON 1024 CATTLEMEN RD. SARASOTA, FL.	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	BENNETT, RUTH 5421 15th ST. E. BRADENTON, FL.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chânge 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.

SIGNATURE: JASON FLOYD)

SIGNATURE TO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2001 941-3712865 Date Dayling Phone #