2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 728953 Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** THE CHURCH OF THE MESSIAH OF WINTER GARDEN, INC. 01-24-2000 90075 036 ****61.25 Principal Place of Business Mailing Address 260 N. WOODLAND ST. 260 N. WOODLAND ST. P.O. BOX 771044 P.O. BOX 771044 WINTER GARDEN FL 34777-1044 WINTER GARDEN FL 34777-1044 v v v v v2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1440066 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Greer, Donald R 260 N. WOODLAND ST. P.O. BOX 771044 City Zip Code **WINTER GARDEN FL 34784** 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. XERR PAT DRIVE # 2 OCANA E DRIVE **X** Addition TITI F Delete TITLE NAME ADAMS, JOYCE NAME STREET ADDRESS STREET ADDRESS 535 RIDGEWOOD DR CITY-ST-ZIP CITY-ST-7IP WINDERMERE FL 34786 ☐ Addition TITLE ☐ Delete TITLE NAME WALLACE, STEWART NAME STREET ADDRESS STREET ADDRESS 1208 MARKET DR CITY-ST-ZIP -CITY-ST-ZIP WINTER GARDEN FL 34787 OWETT JOHN ☐ Change Addition Delete TITLE TITLE ORLANDO FL 32819 JOHNSTON, THOMAS NAME STREET ADDRESS STREET ADDRESS 17719 TEMPLE ST CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL ☐ Delete TITLE ☐ Change Addition TITLE DRYDEN, THOMAS RUTHERFORD, THOMAS NAME NAME 830 PALM COVE DR. STREET ADDRESS STREET ADDRESS 116 W DIVISION ST CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME GREER, DONALD R STREET ADDRESS STREET ADDRESS 1119 OAKDALE ST CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 Change ■ Addition ☐ Delete TITLE TITLE NAME CRISWELL, WILLIAM STREET ADDRESS STREET ADDRESS BOX 162 CITY-ST-ZIP CITY-ST-ZIP **WINDERMERE FL 34786** 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RGREEN, T, 1/9/00

Daytime Phone #