2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 25, 2000 8:00 am DOCUMENT # 729940 1. Entity Name Secretary of State MT. ZION CHURCH OF THE LIVING GOD, INC. 02-25-2000 90020 041 ****61.25 Principal Place of Business Mailing Address 521 S. BOOKER ST 802 W. GRIFFIN AVE. CRESTVIEW FL 32536 CRESTVIEW FL 32536 2. Principal Place of Business CRESTVI 521 S/BOOKER ST. EW FLA. 802 WEST CRESTVIEW FLA. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. CRESTVIEW FLA.32536 Applied For City & State 4. FEI Number 59-3039626 CRESTVIEW FLA.32536 Not Applicable Country OKALOOSA \$8.75 Additional OKALOOSA 32536П Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) THOMAS, UZZIAH 802 W. GRIFFITH AVE. CRESTVIEW FL 32536 Zip Code City 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) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11, 10. ☐ Addition TITLE Channe TITLE Delete THOMAS, UZZIAH NAME NAME STREET ADDRESS STREET ADORESS 802 W. :GRIFFITH AVE. CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE BENJAMIN, CHARLIE NAME NAME STREET ADDRESS STREET ADDRESS 815 W. WALNUT ST. CITY-ST-ZIP CITY-ST-7IP CRESTVIEW FL ☐ Change ☐ Addition TITLE Delete NAME THOMAS, ALICE STREET ADDRESS STREET ADDRESS 802-GRIFFITH-AVE: --CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL ☐ Change Addition ☐ Defete TITLE THOMAS, MELISSA RENEE NAME STREET ADDRESS STREET ADDRESS 802 W. GRIFFITH AVE. CITY-ST-ZIP CITY-ST-ZIP Crestview Fl Change Addition TITLE ☐ Delete TITLE NAME Donalson, Abraham, Jr. NAME STREET ADDRESS STREET ADDRESS 225 1/2 S. LINCOLN ST. CITY-ST-ZIP CITY-ST-ZIP CRESTYIEW FL Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME MCDANIEL, JAMES STREET ADDRESS STREET ADDRESS

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 Bk changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

703 MCDONALD ST.

CRESTVIEW FL