2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am Secretary of State **DOCUMENT # 730626** 1. Entity Name 05-10-2001 90166 005 ****61.25 ENSLEY GOSPEL TABERNACLE, INCORPORATED Principal Place of Business Mailing Address 512 W DETROIT BLVD 512 W DETROIT BLVD PENSACOLA FL 32534 PENSACOLA FL 32534 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7185244 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ⇒ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HICKS, THOMAS A. 120 Chanstra 520 W.DETROIT BLVD. PENSACOLA FL 32534 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. **\$5.00** May Be **FILE NOW:** 9. Election Campaign Financing Make Check Payable to 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. Delete TITLE TITLE oner, Gerald To HICKS, THOMAS A. NAME NAME STREET ADDRESS STREET ADDRESS 520 W.DETROIT BLVD. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 00000 ☐ Addition TITLE Change TITLE ☐ Delete NAME DONALD, JOE NAME STREET ADDRESS STREET ADDRESS 10250 WALBRIDGE AVE CITY-ST-7IP PENSACOLA FL CITY-ST-ZIP TITLE ☐ Change ☐ Addition DT TITLE Delete LYNN, FRANK NAME NAME STREET ADDRESS STREET ADDRESS 20 EAST PAGE ST CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 00000 TITLE TITLE Change ■ Addition ☐ Delete JR. WEST, JOHN NAME NAME STREET ADDRESS 1049 HWY 95 A SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CANTONMENT FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attache