2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 22, 2001 8:00 am § Secretary of State **DOCUMENT # 731333** 1. Entity Name COMMUNITY CHURCH OF GOD, INC. 02-22-2001 90006 012 ****61.25 Principal Place of Business Mailing Address JONES. JOHNNIE C/O JOHNNIE JONES 3700 BLUE ANGEL PKWY 652 SEAPINE CIR PENSACOLA FL 32507-2018 PENSACOLA FL 32507-2018 2. Principal Place of Business 3. Mailing Address Seapine DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State City & State Applied For 4. FEI Number 59-6569532 PENSACO Not Applicable \$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 Name Street Address (P.O. Box Number is Not Acceptable) JONES, JOHNNIE 652 SEAPINE CIR PENSACOLA FL Zip Code 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. 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 П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change JONES, JOHNNIE NAME NAME STREET ADDRESS 652 SEAPINE CIR STREET ADDRESS

☐ Addition CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete JONES, JOHN L NAME STREET ADDRESS 200 N BRIGADIER ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 😴 PENSACOLA FLE TITLE ☐ Delete TITLE Change ☐ Addition JONES, GERTRUDE NAME STREET ADDRESS 200 N. BRIGIDER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition JONES. RUTHIE NAME NAME STREET ADDRESS 200 N BRIGADIER ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DUPREE, MARIE S. NAME 1313.N. 7TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL. TITLE ☐ Delete TITLE ☐ Change ☐ Addition JONES, SYLVESTER NAME NAME STREET ADDRESS 6345 ANTIETAM DRIVE 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), Fiorida 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.

CITY-ST-ZIP

CITY-ST-ZIP

PENSACOLA FL

Feb 12 2001