2002 UNIFORM BUSINESS REPORT (UBR) FILED Jan 17, 2002 8:00 am **DOCUMENT # 731333** Secretary of State 1. Entity Name COMMUNITY: CHURCH-OF-GOD;-INC. 01-17-2002 90029 001 ****61.25 Principal Place of Business Mailing Address C/O JOHNNIE JONES 15 JONES, JOHNNIE 652 SEAPINE CIR 3700 BLUE ANGEL PKWY PENSACOLA FL 32507-2018 PENSACOLA FL 32507-2018 US 2. Principal Place of Business 3. Mailing Address 3700 Blue DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FFI Number 59-6569532 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 32507 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Johnne Jones Sr. is decease Street Address (P.O. Box Number is Not Acceptable) JONES, JOHNNIE Seapine 652 SEAPINE CIR PENSACOLA FL Zip Code 3250 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition PD ☐ Delete TITLE TITLE NAME JONES, JOHNNIE NAME STREET ADDRESS STREET ADDRESS 652 SEAPINE CIR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL Change ☐ Addition ☐ Delete TITLE TITLE JONES, JOHN L NAME NAME STREET ADDRESS STREET ADDRESS 200 N BRIGADIER ST CITY-ST-7IP CITY-ST-ZIE PENSACOLA FL Change ☐ Addition TITLE □ Delete TITLE JONES, GERTRUDE NAME NAME STREET ADDRESS 200 N. BRIGIDER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pensacola fl ☐ Addition Change ☐ Delete TITLE TITLE NAME Jones, Ruthie NAME 200 N BRIGADIER ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL ☐ Addition TITLE Change ☐ Delete TITLE DUPREE, MARIE S. NAME NAME STREET ADDRESS 1313 N. 7TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL. Change ☐ Addition TITLE ☐ Delete TITLE NAME JONES, SYLVESTER NAME STREET ADDRESS STREET ADDRESS 6345 ANTIETAM DRIVE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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