2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 16, 2000 8:00 am Secretary of State **DOCUMENT # 732738** 1. Entity Name THE CHURCH OF THE LIVING GOD NEW MACEDONIA, INC. 03-16-2000 90072 017 ****70.00 Principal Place of Business Mailing Address 610 S.W. 4TH STREET 566 UDELL LANE DELRAY BEACH FL 33444 DELRAY BEACH FL 33445-2432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0046284 Not Applicable Zip 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 HEAD, LILLIE Q 566 UDELL LANE **DELRAY BEACH FL 33445** 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 FILE NOW: 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be 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. PCD ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME QUINCE, LEONARD N JR. STREET ADDRESS STREET ADDRESS 322 S.W. 1ST AVE CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33444** ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME BOYER-REYNOLDS, IDELL STREET ADDRESS STREET ADDRESS 310 SW 1ST ST. CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH. FL 33444 ☐ Delete TITLE Change Addition NAME ... HUNTER; WILFRED NAME STREET ADDRESS STREET ADDRESS 2800 NW 6TH CT. CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH. FL 33069 ☐ Delete TITLE ☐ Change Addition TITLE MDTS NAME NAME HEAD, LILLIE Q STREET ADDRESS STREET ADDRESS 566 UDELL LANE ... CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33445 TITLE ☐ Delete Change Addition NAME HUNTER, MALFRED STREET ADDRESS STREET ADDRESS 4822 32ND DRIVE SOUTH CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33461 TITLE ☐ Delete ☐ Change Addition

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 Blogk 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

NAME

STREET ADDRESS

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