2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2002 8:00 am Secretary of State **DOCUMENT # 735241** 1. Entity Name APOSTOLIC TABERNACLE CHURCH OF TITUSVILLE, FLORI 02-21-2002 90088 013 ****61.25 Principal Place of Business Mailing Address 616 OLIVE ST. 616 OLIVE ST. TITUSVILLE FL 32796-7649 TITUSVILLE FL 32796-7649 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 59-2386977 Not Applicable Country Country \$8.75 Additional Certificate of Status Desired П 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) CAMPBELL, ALBERTA 616 OLIVE ST. TITUSVILLE FL 32780 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CD (9/01) ☐ Delete TITLE ☐ Change Addition CAMPBELL, ALBERTA NAME STREET ADDRESS 616 OLIVE STREET **CR2E037** STREET ADDRESS TITUSVILLE FL CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE __ Change Addition MOORE, JESSIE L NAME NAME STREET ADDRESS 3585 RIDGEWAY AVE. STREET ADDRESS CITY-ST-ZIP MIMS FL CITY-ST-ZIP VCD TITLE ☐ Delete TITLE ☐ Change ☐ Addition MUSGROVE, RICHARD NAME NAME 6905 KNIGHTSWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP Orlando fl. CITY-ST-ZIP TITLE ☐ Delete TITLE Change | Addition MUSGROVE, EUZERA L NAME NAME 6905 KNIGHTSWOOD DR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP Orlando fl CITY-ST-ZIP MEMBER TITLE TITLE Addition EADDY, JAMES EARLIENE ANDERSON NAME 1106 2ND AVE 5008 ANZIO ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP TITUSVILLE FL CITY-ST-ZIP ORLANDO. TITLE ☐ Delete TITLE ☐ Change Addition CAMPBELL, ANN NAME NAME STREET ADDRESS 850 BON AIR ST STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL CITY-ST-ZIP

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.