Not Applicable

\$8.75 Additional

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3155 SOUTH ST

TITUSVILLE FL 32780

3. Mailing Address

City & State

Zip' --

Suite, Apt. #, etc.

DOCUMENT # 735682

1. Entity Name

3155 SOUTH ST

TITUSVILLE FL 32780

Suite, Apt. #, etc.

City & State

-≁Zip

Principal Place of Business

2. Principal Place of Business

SPACE COAST ASSEMBLY OF GOD, INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90083 036 ****61.25

20010115



5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LITIJE, MARK Street Address (P.O. Box Number is Not Acceptable) 26/O TOMOKA AVE 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. I am familiar with, and accept

-~Country

the obligations of registered agent.

9. Election Campaign Financing

Trust Fund Contribution.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

FILE NOW: FEE IS \$61.25

Country

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be

Make Check Payable to Florida Department of State

DATE

Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BRIDGES, STEVE** NAME NAME STREET ADDRESS 1535 JUSTIN CT STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32796 CR2E037 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRIFFIN, HARRELL NAME STREET, ADDRESS 996 MACCO, RD. STREET ADDRESS CITY-ST-7IF COCOA FL 32927 CITY-ST-ZIP TD TITLE Delete TITLE ☐ Change ☐ Addition FRANCIS, STANLEY NAME STREET ADDRESS 3618 BRIARCLIFF WAY STREET ADDRESS CITY-ST-ZIP MIMS FL 32754 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition SCHEDLER, RICHARD NAME NAME STREET ADDRESS 811 HILLCREST AVE STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL-32798 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME HANCOCK WINTON NAME STREET ADDRESS CIRCLE STREET ADDRESS DOROTHY 2522 CITY-ST-ZIP CITY-ST-ZIP 32780 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2-03

321-267-2455