2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 10, 2000 8:00 am
Secretary of State
03-16-2000 90028 001 *****8.75
03-16-2000 90028 002 ****61.25

DOCUMENT # 736210

1. Entity Name

OVERSTREET BIBLE CHURCH, INC.

Principal Place of Business	Mailing Address
C/O IRMA L. HENSLEY RT 1 BOX 336 OVERSTREET FL 32465	182 HENSLAY LANE WEWAHITCHKA FL 32465-0613 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Peggie w Ray	Overstreet Bible Church
Suite, Apt. #, etc.: 255 Fork Dr.	Suite, Apt. #, etc.: P.O. Box 613
City & State: Wewahitchka Fl.	City & State: Wewahitchka Fl Gulf
Zip: 32465 Country: Gulf	Zip: 32465 Country: Gulf

4. FEI Number 59-2872143 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENSLEY, IRMA L. 182 HENSLAY LANE WEWAHITCHKA FL 32465	Name: Peggie - w - Ray Street Address (P.O. Box Number is Not Acceptable): 255 Fork Dr City: Wewahitchka Fl FL Zip Code: 32465

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: PEGGIE W RAY Peggie w Ray 3-11-2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HENSLEY, IRMA L. 182 HENSLEY LANE WEWAHITCHKA FL 32465	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARRIS, NINA 2002 HWY 98 MEXICO BEACH FL 32410	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RAY, PEGGIE W. 255 FORK DR. WEWAHITCHKA FL 32465 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ADKINS, MARLYN HWY 386 WEWAHITCHKA FL 32465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Adkins Marlyn 4024 Hwy 386 Wewahitchka Fl 32465 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RAY, PEGGIE 255 FORK DR WEWAHITCHKA FL 32465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Norsworthy Sharon 440 Spruce Ave Wewahitchka Fl 32465 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: PEGGIE W RAY Peggie w Ray 3-11-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #