FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 01, 2002 8:00 am Secretary of State **DOCUMENT # 738359** 1. Entity Name 05-01-2002 91465 043 ****61.25 CHURCH BY THE SEA (NON-DENOMINATIONAL), INC. Principal Place of Business Mailing Address CHURCH BY THE SEA 2455 E SUNRISE BLVD, PH-E 2455 E. SUNRISE BLVD., PH-E FORT LAUDERDALE FL 33304 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address DENL 2700 M4 4N 2700 MA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State OF LANGE OF LE 4. FEI Number Applied For our LNO sud ME 59-1730183 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33<u>3/</u>6 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) RUF, ALAN FRANCIS 2455 E. SUNRISE BLVD. PH-E City Zip Code FT. LAUDERDALE FL 33304 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 SIGNÁTURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to-FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE X Delete Change (10/6) TITLE ☐ Addition D SUDIA WRIGHT NAME KIRK, AL NAME 1160 N. FEDGMEL HIGHWA # 78 STREET ADDRESS 1850 S OCEAN DRIVE, #211 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33316 TITLE Delete TITLE ☐ Addition SELLARI, ROBERT NAME NAME sold newsels STREET ADDRESS 3100 N OCEAN DRIVE, #2404 STREET ADDRESS CITY-ST-ZIP <u>FORT LAUDERDÂLE FL 33308</u> CITY-ST-ZIP Delete -TITLE NAME RUF, ALAN F NAME STREET ADDRESS STREET ADDRESS 3900 NORTH OCEAN DRIVE #11-K CITY-ST-ZIP CITY-ST-ZIP <u>Lauderdale by the sea fl</u> 33308 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 export 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 CRIMTED NAME OF SIGNING OFFICER OR DIRECTOR