2002 UNIFORM BUSINESS REPORT (UBR) FILED Mar 05, 2002 8:00 am **DOCUMENT # 740488** Secretary of State INDEPENDENT CHURCH OF GOD, BROTHERHOOD, INC. 03-05-2002 90134 046 ****61.25 Principal Place of Business Mailing Address 4831 PARCH RD 4831 PARCH RD MILTON FL 32583 MILTON FL 32583 US HS 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 55 59-1841365 Not Applicable Zip Country 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 Name Street Address (P.O. Box Number is Not Acceptable) KENNEDY, JOHNNIE M. 4645 GUNTER RD MILTON FL 32570 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 \$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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition TITLE Delete TITLE NAME KENNEDY, KIRK EUGENE NAME STREET ADDRESS 109 W WALKER ST STREET ADDRESS CITY-ST-ZIP MILTON, FL 00000 32570 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME BELL, LOETTA NAME 19227 BELL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **FAIRHOPE AL** TITLE ☐ Delete TITLE Change Addition BELL, LOETTA NAME NAME STREET ADDRESS 19227 BELL RD STREET ADDRESS CITY-ST-7IP CITY-ST-7IP FAIRHOPE, AL 00000 ☐ Delete ■ Addition TITLE TITLE Change KENNEDY, JOHNNIE M NAME NAME STREET ADDRESS STREET ADDRESS 4645 GUNTER RD CITY-ST-ZIF CITY-ST-ZIP MILTON, FL 00000

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 eath; 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.

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

BELL, WESLEY

19227 BELL RD

BELL, KATHRINE

19227 BELL RD

FAIRHOPE AL

FAIRHOPE, AL 00000

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

2-18-2002

251-928-7864

Daytime Phone #

Change

Change

Addition

■ Addition