DOCUMENT # 747734  1. Entity Name							FILED Apr 03, 2000 8:00 am Secretary of State				
THE SYNC	DD OF SOUTH A	TLANTIC, P	resbyterian Churc	CH		·			<b>tary o</b> 00 901 <i>6</i> 8 04		
Principal Place of Business Mailing Address								04-03-200	00 90108 04	801	.23
118 EAST MONROE STREET , Suite 3 JACKSONVILLE FL 32202-3214 US			118 EAST MONROE STREET, Suite 3 JACKSONVILLE FL 32202-3214 US				) ( <b>100</b> 18) ( <b>1</b>	<b>a</b> ci <b>a</b> lah ( <b>ba</b> n) <b>?baca</b> (	(111 <b>0.4</b> 1 <b>0.0</b> 21 <b>0.10</b> 11	Alāri Alāli ālāl	1 <b>414</b> 13 1 <b>48</b> 1
2. Principal Plac	ce of Business		3. Mailing Address								
118 E. Monroe St., Suite Apt # etc. Suite 3			118 E. Monroe St. Suite Apt. # etc. Suite 3				DO NOT WRITE IN THIS SPACE				
City & State Jacksonville, FL 32202			City & State Jacksonville, FL 32202				4. FEI Number Applied For Not Applied For Not Applied For				
<sup>Zip</sup> 32202	Country		32202 Cou		ntry A	5. Certificate of Status Desired		, <u> </u>	8.75 Add ee Required	litional	
	6. Name and Addres	s of Current R	egistered Agent		Name_		· · · · · · · · · · · · · · · · · · ·	Address of Nev	Registered A	gent	
DADTIJOLOMOM, JOHN M					Street A	Name Floyd N. Rhodes, Jr.  Street Address (P.O. Box Number is Not Acceptable) 118 E. Monroe Street					
Bartholomew, John, N 118 East Monroe Street											
JACKSONVILLE FL 32202					Suite 3  City Jacksonville FL 32262123					 ≧3214	
8. The above named entity submits this statement for the purpose of changing its re-					<b>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ </b>						
SIGNATURE FLoyd N. Rhodes JR Flown. Pluby Mash 28, 2000 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
							<b>0</b> May Be I to Fees		ike Check P Department		
10.		ERS AND DIRE	CTORS			ADDITIONS/CH	ANGES TO OFFI	CERS AND DIR			
STREET ADDRESS 1	YT BUNLAP, THORWELL 24 RUTLEDGE RD GREENWOOD SC 29		☐ Delete							☐ Change	Addition
TITLE T NAME C STREET ADDRESS 5	COLLIER, H. DAVIS 10 N LAURA ST., SU ACKSONVILLE FL	<b>√</b> Delete			Treasurer  Murdock, Richard Pro. Box 220036, Glenwood, FL 327					Addition 2	
TITLE DAME P			□ Delete			_				☐ Change	☐ Addition
TITLE DAME CONTROL TO THE CONTROL TH	) Cooke, A. Hamilto 301 Riverplace B		Delete					1		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACKSONVILLE FL		☐ Delete	TITLE NAMI STRE				-		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		-	☐ Delete	TITLE NAME STRE	_ <del></del>		_		<del>-</del>	☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Dayling OFFICER OR DIRECTOR

Dayling OFFICER OR DIRECTOR