2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#748042

FILED Aug 07, 2008 Secretary of State

Entity Name: UNITED BIBLE COLLEGE INSTITUTE/THEOLOGICAL SEMINARY/UNITED FULL GOSPEL CHURCH,

INC

Current Principal Place of Business: New Principal Place of Business:

1125 N. NEW YORK AVE 1605 MERCY DRIVE LAKELAND, FL 33802 ORLANDO, FL 32808

Current Mailing Address: New Mailing Address:

1125 N. NEW YORK AVE P.O. BOX 585284

LAKELAND, FL 33802 US ORLANDO, FL 32858 US

FEI Number: 59-1932623 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GREEN, WILLIE L DR
6407 SAGEWOOD DRIVE
0RLANDO, FL 32818 US
GORDON, SAMUEL
1231 EMERALDA DRIVE
0RLANDO, FL 32808 US

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: SAMUEL GORDON ,JR 08/07/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P/D () Delete
 Title:
 D (X) Change () Addition

 Name:
 DOWNING, JIMMIE L DR
 Name:
 GORDON, KATHLEEN MRS.

 Address:
 1125 N. NEW YORK AVE
 Address:
 1231 EMERALDA DR

 City-St-Zip:
 LAKELAND, FL 33802
 City-St-Zip:
 ORLANDO, FL 32808

Title: () Delete Title: (X) Change () Addition BARNES, WILLIAM T DR Name: GORDON, SAMUEL R DR, SR Name: Address: 2255 18TH STREET S. Address: 1231 EMERALDA DR SAINT PETERSBURG, FL 33712 City-St-Zip: City-St-Zip: ORLANDO, FL 32808

Title: D () Delete Title: D (X) Change () Addition
Name: BARNES, WANDA S DR Name: HENRY, SHARON E MRS
Address: 2255 18TH STREET S. Address: 1438 OCEAN PINE CIR

 Address:
 2255 18TH STREET S.
 Address:
 1438 OCEAN PINE CIR

 City-St-Zip:
 ST PETERSBURG, FL 33712
 City-St-Zip:
 ORLANDO, FL 32828

Title: () Delete Title: (X) Change () Addition GORDON, SAMUEL R MR. JR Name: HIRES, ROBERT DR Name: 4116 BRINNELL AVENUE 277 HAWTHORNE GROVES BLVD Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: ORLANDO, FL 32835

Title: D (X) Delete Title: () Change () Addition

 Name:
 JACKSON, MICHAEL E MR
 Name:

 Address:
 2082 POWERS DRIVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32818
 City-St-Zip:

 Name:
 HAMILTON, DOUGLAS DR
 Name:

 Address:
 2837 ROXBURY ROAD
 Address:

 City-St-Zip:
 WINTER PARK, FL 32789
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL GORDON, JR D 08/07/2008