FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # 755337 SEBRING GRACE BRETHREN CHURCH, INC. 01-31-2001 90039 018 ****61.25 Principal Place of Business Mailing Address 3626 THUNDERBIRD ROAD PO BOX 3476 SEBRING FL 33872 SEBRING FL 33871-3476 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2229674 Not Applicable Ζiρ Country Zip 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 ITEnour Dewayne Street Address (P.O. Box Number is Not Acceptable) HOBBS, BRIAN 107 KAROLA DRIVE SEBRING FL 33870 Zip Code 33870 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 1-23-2001 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to \Box Trust Fund Contribution. FEE IS \$61,25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Defete TITLE Addition NAME OGDEN, DAVID RITEMOUR, Dewayne NAME STREET ADDRESS 209 IBIS AVE STREET ADDRESS 1111 Sunset Dr. CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33872 Sebring, FL 33870 TITLE ☐ Delete TITLE ☐ Change Addition NAME ANDERSON, WENDELL D Kirk, Eshelman NAME STREET ADDRESS 15 NORTE DAME ST 336 Pelican Ave. STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL CITY-ST-ZIP sebring, FL 33872 TITLE Delete Change Addition FITCH Edwin 839 Ganland Ava Sebring, FL 33872 HOBBS, BRIAN NAME STREET ADDRESS 107 KAROLA DRIVE STREET ADDRESS CITY-ST-7IP SEBRING FL 33870 CITY-ST-ZIP Delete TITLE Change ★ Addition GOOD, MARVIN Ilene Eshelman NAME NAME STREET ADDRESS 336 Pelican Ave 2402 HIDDEN CREEK CIR STREET ADDRESS CITY-ST-ZIP SEBRING FL CITY-ST-ZIP Sebring, FL J3872 TITLE Delete TITLE ☐ Change ☐ Addition WARD, HOLLY REBECCA NAME NAME STREET ADDRESS 2125 S.E. LAKEVIEW DR. APT. 16 STREET ADDRESS CITY-ST-ZIP SEBRING FL 33870 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition TAYLOR, JOE NAME NAME STREET ADDRESS 2412 HIDDEN CREEK CIR STREET ADDRESS CITY-ST-ZIP SEBRING FL 33870 CITY-ST-ZIP

BED RITEMOUR, Deway 112 /23/01 8633856793 SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

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