. 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 10, 2001 8:00 am Secretary of State DOCUMENT # 758823 CHRIST IS LORD!, INC. 01-10-2001 90133 009 ****61.25 Principal Place of Business Mailing Address P.O. BOX 915198 109 KNOLLCREST DR. P.O. BOX 915198 327915198 P.O. BOX 915198 327915198 600093 LONGWOOD FL 32779 LONGWOOD FL 32791 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2151726 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WERTHMAN, REV DR THOM 109 KNOLLCREST DRIVE LONGWOOD FL 32779 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Department of State Trust Fund Contribution. FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CR2E037 (10/00) ☐ Addition PTD ☐ Delete TITLE TITLE CHARLES WERTHMAN, REV DR THOM NAME NAME 9251 BURDINE ST - 335 STREET ADDRESS 109 KNOLLCREST DRIVE STREET ADDRESS 77096 CITY-ST-ZIP $T\chi$ Housma CITY-ST-7IP LONGWOOD FL ☐ Change ☐ Addition Delete TITLE WERTHMAN, MR DALE M NAME NAME STREET ADDRESS 109 KNOLLCREST DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 □ Change ☐ Addition ☐ Delete TITLE TITLE PODELL, NORMA NAME **75 INDIAN COUNTRY** STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **GOULDSBORO PA 18424** ☐ Change ☐ Addition ☐ Delete TITLE RATCLIFFE, ANNE NAME STREET ADDRESS STREET ADDRESS 4 GEORGE STREET RYDE CITY-ST-ZIP CITY-ST-ZIP ISLE OF WIGHT EN ☐ Change ☐ Addition ☐ Delete TITLE TITLE BAUER-JOHNSON, CLARE NAME NAME #5 NORMAN WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WOTTEN, I OF W, ENGLAND CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE GAINEY, BARBARA NAME 390 SNOWHILL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GENEVA FL 32732 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

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