2001 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2001 08:00 AM 759026 DOCUMENT # 1. Entity Name **Secretary of State** THE CHURCH OF THE LIVING GOD BY FAITH, INC. Principal Place of Business Mailing Address 333 NAVT BLVD P.O. BOX 2301 PENSACOLA FL PANAMA CITY 32507 324012301 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 58-7986502 Not Applicable Zip 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 COLE BENNIE Street Address (P.O. Box Number is Not Acceptable) 135 AUDREY CIRCLE NW FT. WALTON BEACH FL32548 US City 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. 05/01/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be 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. TITLE ☐ Delete TITLE D ☐ Change X Addition NAME NAME WILLIAMS WILLE CELDER STREET ADDRESS STREET ADDRESS 16 PARK DR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FT. 32507 TITLE ☐ Delete TITLE X Change ☐ Addition NAME CARSTARPHEN BILLYJR NAME CARSTARPHEN BILLYJR EVANG. STREET ADDRESS 1902 W GREGORY ST STREET ADDRESS 1902 W GREGORY ST CITY-ST-ZIF PENSACOLA FL. 32501 CITY-ST-ZIP PENSACOLA FL. 32501 TITLE PD Delete TITLE PD X Change ☐ Addition NAME BISHOP COLE BENNIE NAME COLE BENNIE STREET ADDRESS STREET ADDRESS 135 AUDREY CIRCLE NW 135 AUDREY CIRCLE NW CITY-ST-ZIP FT. WALTON BEACH CITY-ST-ZIP FT. WALTON BEACH FLFL. TITLE Delete TITLE TD X Change Addition NAME COLE QUEEN NAME COLE QUEEN EPASTOR STREET ADDRESS 135 AUDREY CIRCLE NW STREET ADDRESS 135 AUDREY CIRCLE NW CITY-ST-ZIP FT. WALTON BEACH \mathbf{FL} CITY-ST-ZIP FT. WALTON BEACH FLTITLE SD □ Delete TITLE SD X Change ☐ Addition NAME JONES LINDA F NAME JONES LINDA FEVANG. STREET ADDRESS **1329 16TH STREET** STREET ADDRESS **1329 16TH STREET** CITY-ST-ZIP PANAMA CITY \mathbf{FL} CITY-ST-ZIP PANAMA CITY FL, TITLE □ Delete TITLE Change Addition NAME NAME

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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

President/Director/Bishop Bennie Cole

05/01/2001 Rev

CR2E037 (11/00)