2002 UNIFORM BUSINESS REPORT (UBR) FILED May 22, 2002 8:00 am Secretary of State **DOCUMENT # 761264** 1. Entity Name CHURCH WITH GOD AND CHRIST, INC. 05-22-2002 90108 034 ****61.25 Principal Place of Business Mailing Address 7507 - NW 181ST TER 7507 - NW 181ST TER ALACHUA FL 32615 ALACHUA FL 32615 B0112216 2. Principal Place of Business 3. Mailing Address フ50フールーレー181ーアン AIAC Hao Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 7507-N-W-181-70r City & State 4. FEI Numbe 59-2958838 AIACHOU SIA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired AlaCHua IACHUA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable). *HAYES, ULYSSES D. 7507 N.W. 181 ST TERR ALACHUA FL 32615 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to FILE NOW: 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. SD ☐ Delete TITLE SAMED Change ☐ Addition QUIYSSOS P BAYES NAME HERNDON, BARBARA NAME 7507-N.W. 18151-765 STREET ADDRESS P.O. BOX 1676 N/A STREET ADDRESS AIACHUAITH . 39615 CITY-ST-ZIP ALACHUA, FL 00000 CITY-ST-ZIP V.p. SuTHer TITLE ☐ · Delete TITLE Change -☐ Addition HAYES, ULYSSES D NAME 7507-N.W. 181. ST. TOT STREET ADDRESS 7507 N.W. 181 ST TERR STREET ADDRESS CITY-ST-ZIE ALACHUA, FL 00000 CITY-ST-ZIP AlACHU a. 7/A. 32615 ☐ Delete TITLE TITLE Change ☐ Addition DOUBTHY HAYES HERNDON, JAMES CLARENCE NAME STREET ADDRESS P.O. BOX 1676 N/A STREET ADDRESS CITY-ST-ZIP ALACHUA, FL 00000 CITY-ST-ZIP AlACHUaiYlAi32615 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: P.O. PULLYSSE

Attachment

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