2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 16, 2002 8:00 am Secretary of State **DOCUMENT # 767728** 1. Entity Name, 24TH AVE CHURCH OF GOD IN CHRIST, INC. 01-16-2002 90018 033 ****70.00 体化性 医乳蛋白溶液 Principal Place of Business Mailing Address 24TH AVE. CHURCH % ELDER HARRY A. SCOTT, JR. 316 TERRACE DRIVE 1703 24TH AVE. BRANDON FL 33510-3246 TAMPA FL 33510-3246 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2692276 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name المراجعين وحانها المساية Street Address (P.O. Box Number is Not Acceptable) SCOTT, HARRY A JR 316 TERRACE DR. **BRANDON FL 33511** 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 . Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. CR2E037 (9/01) ☐ Change ☐ Addition TITLE ☐ Delete TITLE SCOTT, ELDER HARRY NAME NAME STREET ADDRESS STREET ADDRESS 316 TERRACE DR. CITY-ST-ZIP CITY-ST-ZIP BRANDON FL ☐ Change ☐ Addition TITLE TITLE ☐ Delete **BROWNE, FRANCES** NAME NAME STREET ADDRESS STREET ADDRESS 1703 24TH AVE CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33605** Change Addition TITLE TITLE ☐ Delete SANCHEZ, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 2007 17TH AVE ---CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33605** ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLÉ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change -- Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE:

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

Daytime Phone #