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2001 UNIFORM BUSINESS REPORT (UBR)

Sep 10, 2001 8:00 am Secretary of State **DOCUMENT # 816455** 09-10-2001 90058 043 ****70.00 THE REFORMED CHURCH OF THE LIVING GOD Principal Place of Business Mailing Address 409 - 413 OCEAN AVE P. O. BOX 4057 JERSEY CITY FL 07305 JERSEY CITY FL 07304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3220010 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SIMON, JAMES BISHOP 5880 BLACK AVENUE PIERCE FL 33860 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition (2/01) SIMON, JAMES NAME NAME STREET ADDRESS **5880 BLACK AVENUE** STREET ADDRESS CR2E037 CITY-ST-ZIP PIERCE FL 33860 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition ZEIGLER, JUANITA NAME NAME 524 S BEACH ST APT 709 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition DOWNING, ASALENE W NAME NAME STREET ADDRESS 411 OCEAN AVENUE STREET ADDRESS CITY-ST-ZIP JERSEY CITY FL 07305 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SINGLETON, LILLIAN L. NAME NAME 119 QUITMAN ST APT 2B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEWARK NJ 07108 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition THOMPSON, WYLMA NAME STREET ADDRESS 855 MADISON AVENUE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition CHILDS, GRADY NAME NAME STREET ADDRESS 930 TANGLO CIR. STREET ADDRESS

CITY-ST-ZIP

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.

BARTOW FL 33830