2003 NOT-FOR-PROFIT CORPORATION

May 01, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State **DOCUMENT # 818592** 05-01-2003 90339 023 ****61.25 CHURCH OF GOD OF THE UNION ASSEMBLY, INC. Principal Place of Business Mailing Address 2311 SO. DIXIE RD. P.O. BOX 1323 DALTON GA 30722 DALTON GA 30722 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 58-0666454 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 - -CAPUTO, NICHOLAS A Street Address (P.O. Box Number is Not Acceptable) 233 SECOND ST HOLLY HILL FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PRATT, CHARLIE T NAME STREET ADDRESS 212 HIGH MOUNTAIN DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALTON GA Delete ☐ Change ☐ Addition TITLE TITLE SOWDER, HAROLD NAME NAME STREET ADDRESS 1233 LYNN DR. S.E. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DALTON GA Addition Delete Change TITLE TITLE SMITH, DENNIS NAME NAME PRATT, PAUL F. STREET ADDRESS 1307 STACY DR STREET ADDRESS Box 237, Hwy 227 CITY-ST-ZIP CITY-ST-ZIP **DALTON GA 30721** Attalla, AL 35954 ☐ Delete Change Addition TITLE TATLE SIMMONS, DAVID NAME NAME STREET ADDRESS 8735 Troutman Lane STREET ADDRESS 301 ELKMONT DR CITY-ST-ZIP CITY-ST-ZIP **KNOXVILLE TN 37922** Knoxville, TN 37931 TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Addition TITLE

12. Thereby 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

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

706-575-0510

FILED