## **NOT-FOR-PROFIT CORPORATION**

UNIFORM BUSINESS REPORT (UBR)		Aug vo, 2002 5:00 am	
DOCUMENT # 7000004609		Secretary of State 08-08-2002 90089 007 ****75.00	
Temple of God in Chris	FINC.		
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business  1220 Con Servan cy DF 1220 Conservancy Dr. F.  Suite, Apt. #660  Suite Apt. #660		DO NOT WRITE IN THIS SPACE	
City & State  Tallahassee F1. Tallahassee F2.  Zip. 32312 Country Zip Sountry  32312 Jeon 32312 Jeon		4. FEI Number  52 - 22 1 2 7 3 7  S. Certificate of Status Desired  Applied For Not Applicable  \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE  Name Hard Address of Name Hard Address of Name Hard Address of Street Address (P.O. Box Number is Not A 1220 Conscruded City Tallahassee  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the statement for the purpose of changing its registered office or registered agent, or both, in the statement for the purpose of changing its registered office or registered agent.			Cy Dr. E.  FL Zip Code 323/2
FEE IS \$61.25 9. Election	NOTE: Registered Agent signature require  Campaign Financing and Contribution.	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOLLANNSSEE, FL. 323/2 TITLE NAME STREET ADDRESS CITY-ST-ZIP TOLLANNSSEE T	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		
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CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-SI-ZIP		
TITLE NAME STREET ANDRESS	TITLE NAME STREET ADDRESS		

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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS