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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (ÚBR)

Jul 31, 2003 8:00 am **Secretary of State** DOCUMENT # **F99000000408** 07-31-2003 90073 026 ****61.25 THE (EPHESUS) CHURCH OF GOD, INC. Principal Place of Business Mailing Address 2716 ELLIS AVENUE 2716 ELLIS AVENUE PO BOX 1063 PO BOX 1063 EATON PARK FL 33840 EATON PARK FL 33840 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zip Country 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 Name --- -INGALLS, ROBERT Street Address (P.O. Box Number is Not Acceptable) 2716 ELLIS AVE: -EATON PARK FL 33840 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 raligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 10, 2003, min will be \$236.25 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JONES, ROBERT L NAME STREET ADDRESS STREET ADDRESS 5503 ZION RD. CITY-ST-ZIP CITY-ST-ZIP

Jonesboro ar 72404 Delete TITLE Change Addition TITLE NAME NAME JONES, KENNETH L (SR.) STREET ADDRESS STREET ADDRESS 5503 ZION RD. CITY-ST-ZIP CITY-ST-ZIP. JONESBORO: AR: 72404 ☐ Delete TITLE ☐ Change ☐ Addition TITLE JONES, JAMES A NAME NAME STREET ADDRESS STREET ADDRESS 2206 WHITLOCK PL CITY-ST-ZIP CITY-ST-ZIP DOVER FL 33527 Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Maddition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 eath; 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

83-626-4173