2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # G81248 1. Entity Name AMERICAN HERITAGE CHURCH FINANCE, INC. 01-26-2000 90031 001 ***150.00 Principal Place of Business Mailing Address 2008 CURRY, FORD ROAD P.O. BOX 149408 P.O. DRAWER 149408 P.O. DRAWER 149400-A0011550 ORLANDO FL 32814-6408 ORLANDO FL 32814-9408 3. Mailing Address 0x 149408 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEt Number 59-2365924 Oxlando Not Applied Country 5 \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name_ THOMPSON, FORREST Street Address (P.O. Box Number is Not Acceptable) 2305 BUCKMINSTER CIRCLE ORLANDO FL 32803 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Vice President Richard C. Hicks, JR. 1814 Naditz Court Orlando, FL 3282 ☐ Change ☐ Delete TITLE TITLE THOMPSON, FORREST NAME NAME 2305 BUCKMINSTER CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 Assistant Treasurer ☐ Change ☐ Delete Addition THOMPSON, AMY H. Janet L. Hicks NAME STREET ADDRESS 2305 BUCKMINSTER CIRCLE STREET ADDRESS 1814 Naditz Court Orlando, FL 32822 ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

Corporate Secretary

CITY-ST-ZIP