2002 UNIFORM BUSINESS REPORT (UBR)

Jan 14, 2002 8:00 am Secretary of State G81248 **DOCUMENT #** 1. Entity Name 01-14-2002 90045 049 ***150.00 AMERICAN HERITAGE CHURCH FINANCE, INC. Mailing Address Principal Place of Business 2008 CURRY FORD ROAD P.O. BOX 149408 ORLANDO FL 32814-9408 P.O. DRAWER 149408 ORLANDO FL 32814-6408 2. Principal;Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2365924 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THOMPSON, FORREST Street Address (P.O. Box Number is Not Acceptable) 2305 BUCKMINSTER CIRCLE ORLANDO FL 32803 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. 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE NAME THOMPSON, FORREST NAME 2305 BUCKMINSTER CIRCLE STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP Change CS ☐ Delete TITLE ☐ Addition TITLE THOMPSON, AMY H. NAME STREET ADDRESS STREET ADDRESS 2305 BUCKMINSTER CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Delete TITLE ☐ Change ☐ Addition **VP** TITLE NAME HICKS, RICHARD C JR ... NAME STREET ADDRESS STREET ADDRESS 7814 NADITZ COURT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME HICKS, JANET L NAME STREET ADDRESS STREET ADDRESS 7814 NADITZ COURT CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32822 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. 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

JUPB-FORREST Thompson

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

FILED