## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 16, 2002 8:00 am Secretary of State DOCUMENT # K19338 1. Entity Name 01-16-2002 90075 036 \*\*\*150 00 TRUSTEES OF THE FIRST PINECRAFT AMISH CHURCH, IN Principal Place of Business Mailing Address % ABRAHAM W. KNEPP % ABRAHAM W. KNEPP 3466 GARDENIA ST 3466 GARDENIA ST SARASOTA FL 34237 SARASOTA FL 34237-8730 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0043609 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 Name KNEPP, ABRAHAM W Street Address (P.O. Box Number is Not Acceptable) 3466 GARDENIA ST SARASOTA 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund.Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Addition □ Delete NAME PUTERSHEIM. CHRIS TRUSTEE NAME STREET ADDRESS 3475 GARDENIA ST STREET ADDRESS CITY-ST-7IP SARASOTA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME KNEPP. ABRAHAM W STREET ADDRESS STREET ADDRESS 3466 GARDENIA ST CITY-ST-ZIP CITY-ST-7IP Sarasota Fl Delete - -TITLE Addition NAME NAME KNEPP, EZRA STREET ADDRESS 3525 GARDENIA ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP sarasota fl TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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