FILED Jun 25, 2001 8:00 am

Secretary of State

2001	UNIFORM	BUSINESS	REPORT	(UBR)

DOCUMENT # N0000003202 1. Entity Name 05-15-2001 90190 006 ****70.00 TRI-CITY METRO CHURCH, INC. Principal'Place of Business Mailino Address 18723 GERACI RAOD 18723 GERACI RAOD LUTZ FL 33549 LUTZ FL 33549 2. Principal Place of Business 3. Mailing Address 9404 Chesa 8002 Clear Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Brent .ut 2 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required USA Name and Address of New Registered Agent Name and Address of Current Registered Agent HIGGINS, JAMES A 18723 GERACI RAOD 4 LUTZ FL 33549 Zip Code 33549 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change TITLE ☐ Delete TITLE James A. Higgins gyoy chesa peake Drive HIGGINS, JAMES A NAME NAME 18723 GERACI RAOD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP **LUTZ FL 33549** Brentwood TN 37027 Change Debi Higgins 19404 chesapeake Deive Addition TITLE ☐ Delete TITY F HIGGINS, DEBI NAME NAME 18723 GERACI RAOD.... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP TN 37027 Deleto -TITLE ☐ Change — ☐ Addition TITLE HENLEY, LARRY SR. NAME NAME 18002 CLEAR LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** ☐ Addition TITLE ☐ Defete TITLE Change MEARES, DON NAME NAME STREET ADDRESS 12606 LONGWATER DRIVE STREET ADDRESS CITY-ST-ZIP MITCHELLVILLE MD 20721 CITY-ST-ZIP TITLE MLE Delete ☐ Change ☐ Addition FAULKNER, WALDO NAME NAME STREET ADDRESS **POST OFFICE BOX 8** 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY+ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

LITHIA FL 33549

CITY-ST-7IP

CITY-ST-ZIP

NAME STREET ADDRESS

☐ Delete

☐ Change

Addition