FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Sep 06, 2001 8:00 am DOCUMENT # N0000003555 Secretary of State 1. Entity Name 09-06-2001 90266 029 ****61.25 INTER-FAITH CHURCHES WORLD-WIDE MISSIONARY SOCIE Principal Place of Business Mailing Address 1765 28TH ST. S. 1765 28TH ST. S. B0064122 ST PETERSBURG FL 33712 ST PETERSBURG FL 33712 2. Principal Place of Business 1765 28th, ST, So 3. Mailing Address 765 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAILEY SR., ARTHUR L ELDER 1765 28TH ST. S. ST PETERSBURG FL 33712 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 (NQTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. BAILBY ARTHUR L. PL (5/01)TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS ST.PETERSburg, FL. 337/2 CITY-ST-ZIP CITY-ST-ZIP BAILEY, VIVIANC. TITLE V.P. TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS St. Patersburg, FL. 33712 CITY-ST-ZIP CITY-ST-ZIP ROGERS, SONJA M. TITLE Change ■ Addition 1020, A, SheRWOOD, DR, NAME NAME STREET ADDRESS STREET ADDRESS Durham, N.C. 27705 CITY-ST-ZIP CITY-ST-ZIP TITLE Sec. TA BAILCY, JENGLLE Delete TITLE ☐ Change ☐ Addition NAME NAME 2411 BANNER,ST STREET ADDRESS STREET ADDRESS DURHAM. N.C, 27704 CITY-ST-ZIP CITY-ST-ZIP TITLE Sec ☐ Delete TITLE Change ☐ Addition NAME 2411, BANNER, ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DURHAM N.C. CITY-ST-ZIP TITLE Change ☐ Addition BAILEY, ARTGUR NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE: