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## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Sep 15, 2003 8:00 am Secretary of State DOCUMENT # N0000004091 09-15-2003 90158 038 \*\*\*\*70.00 ROCK HILL PROGRESSIVE CHURCH OF GOD IN CHRIST, **NCORPORATED** Principal Place of Business Mailing Address 2524 NO. 10TH ST. 2524 NO. 10TH ST. HAINES CITY FL 33844 HAINES CITY FL 33844 STREET 3. Mailing Address 211 Temphe Court Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3346056 Hives THNES Not Applicable \$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 COLEMAN, SARRLIE ELDER Street Address (P.O. Box Number is Not Acceptable) 1211 TEMPLE COURT HAINE-CITY FL 33844 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 2 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 10, 2003, min will be \$236,25 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (4/03)TITLE ☐ Delete TITLE ☐ Change Addition LUENETTIE COLEMAN. COLEMAN, ELDER S NAME NAME 1211 Temple Court 1211 TEMPLE TERR. CT. STREET ADDRESS STREET ADDRESS HAINES CITY-ST-7IP HAINES CITY FL 33844 CITY-ST-7IP ☐ Change TI-Addition ☐ Delete TITLE TITLE BYRD, LORENZO GLORIA NAME NAME 113 BEVERLY 108 BEACH DR. STREET ADDRESS STREET ADDRESS HAVEN, FL. 33884 CITY-ST-7IP WINTER HAVEN FL 33881 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition COLEMAN, LUENETTI NAME NAME 1211 TEMPLE CT. STREET ADDRESS STREET ADDRESS HAINES CITY FL 33844 CITY-ST-ZIP CITY-ST-ZIP TITLE P⊡ 'Delete = TITLE -Addition SALMON, GALE NAME NAME 610 LEMON AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DUNDEE FL 33838** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition BYRD, BELINDA NAME NAME 108 BEACH DRIVE STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33881 CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change WASHINGTON, JAMES NAME NAME 1226 AVE.1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAINES CITY FL 33844 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 exposured.

SIGNATURE:

Daytime Phone #