2001 UNIFORM BU	CINESS DEDAI	DT (IIBD)	•			
DOCUMENT # NOOOO		'				
21ST CENTURY CHURCH OF GOD, INC.			The state of the s			
Principal Place of Business	Mailing Address		010EC	31 AM 10: 45		
1634 SCHULTZ CT. APT 1 KEY WEST FL 33040	T. APT 1 1634 SCHULTZ CT. APT 1		SEORETANY OF STATE TABLAHASSEE FLORIDA			
2. Principal Place of Business 1634 SCHOITZ Suite, Apt. #, etc. 14 1						
- City & State	Suite, Apt. #, etc.		4-FEI Number			
Zip Country	Key West,	T-L Country	65-106	- 48917	Not Applicable 75 Additional	
6. Name and Address of Curre	33040	Country A	Certificate of State Name and Address		Required	
-		Name (leuna-St	LINSON_		
STINSON, GLENNA 1634 SCHULTZ CT, APT 1			ddress (P.O. Box Number is Not Acceptable)			
KEY WEST FL 33040		City	5 KI		Code	
SIGNATURE Signature, typed or printed name of registered an	Stens	egistered office or regis			101	
9. Election Campaign Financing \$5.00 May Be Added to Fees Make Check Payable to Department of State						
ITLE D OFFICERS AND	DIRECTORS Delete	11.		TO OFFICERS AND DIRECT	Change Addition	
AME STINSON, GLENNA TREET ADDRESS 1634 SCHULTZ CT, APT 1		NAME STREET ADDRESS	ichael G	LRAIG - UELLA AVE		
ITY-ST-ZIP KEY WEST FL 33040		CITY-ST-ZIP	enice, Ca	18 9029	Change Addition	
AME D'ARCY, JEREMY	Delete	Ĭ	AYLA L. U	I LILLIANNS	Change Addition	
TREET ADDRESS 981 BUTTERFIELD RD SAN ANSELMO CA 94960		STREET ADDRESS / (CITY-ST-ZIP	kty West	1/2 Ct # 7/0 33	640	

S CI TITLE TITLE Change Addition HUMPHREY, JIM NAME NAME STREET ADDRESS STREET ADDRESS 1202 SAVE AVE CITY-ST-ZIP **LUOISVILLE KY 40215** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS ****236.25 ****236.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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:

LERED LEStinson

10/31/01