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

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90237 048 ****71.00

DOCUMENT # N00000006871

1. Entity Name

OWNERS ASSOCIATION OF EVENTIDE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5050 POPLAR AVE.	5050 POPLAR AVE.
Suite, Apt. #, etc.: 24TH FLOOR	Suite, Apt. #, etc.: ATTN: PARVEY 24TH FLR
City & State: MEMPHIS, TN	City & State: MEMPHIS, TN
Zip: 38157 Country: USA	Zip: 38157 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: THOMAS S. GIBSON, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 206 E. FOURTH STREET

City: PORT ST. JOE FL Zip Code: 32457

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: THOMAS S. GIBSON, ESQ. 4/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT RICHARD PARVEY 5050 POPLAR AVE. 24TH FLR MEMPHIS, TN 38157
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ELIZABETH 5050 POPLAR AVE. 24TH FLR MEMPHIS, TN 38157
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR THOMAS S. GIBSON 206 E. FOURTH ST. PORT ST. JOE, FL 32457
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: R. S. PRESIDENT 4/22/02 901-537-7441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #