NOT-FOR-PROFIT	CORPORATION
UNIFORM BUSINES	S REPORT (ÚBR)

DOCÚMENT # N000000001157 02.SEP -9 AH11:58 PRAISE THE LORD ALL YE SAINTS OF ESCAMBIA COUNTY FLORIDA INC. SECRETARY OF STATE DO NOT WRITE IN THIS SPACE 000007674830--0 -09/12/02--01008--001 2. Principal Place of Business 3. Mailing Address *****70.00 *****70.00 212 SAINT JOSEPH AVENUE 212 SAINT JOSEPH AVE. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For ENSACOLA, FLORIDA 59-33,3741736 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 4318 SABLAN 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 (NOTE: Registered Agent signature required when reinstating) DATE FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State Initial or Amended UBR OFFICERS AND DIRECTORS 10. PID/ -- 5-5 TITLE TITLE \mathcal{D} NAME JOANNE WEBSTER NAME STREET ADDRESS 4318 SABIAN LANE STREET ADDRESS CR2E037B CITY-ST-ZIP CITY-ST-ZIP 32583 MILTON, FLOREDA TITLE TITLE MICHAEL LEE WEBSTER D NAME 4318 SABIAN LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILTON, FLORIDA 32583 CITY-ST-ZIP TITLE CHARLIE HARDAWAY NAME NAME STREET ADDRESS STREET ADDRESS 4318-SABIAN-LANE DO NOT WRITE MILTON, FLORIDA 32583 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE IN THIS SPACE NAME RUTHIE ODOM NAME STREET ADDRESS 4318 SABIAN LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILTONY FLOREDA TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE

CITY-ST-7IP

NAME

STREET ADDRESS

CITY-ST-ZIP

Q anne W. duster / JOANNE MEBSTER

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 on an attachment with an address, with all other like empowered

Attachrunt OHNO0000007157

Do whom It may concern:

we did not receive a conspondence from Diresion of Corporations that was mailed on 5/29/01 to 12/2 Saint Joseph Querue, we was not aware that there were was a problem! we did not know that we needed to be reinstated, we was under the impression that everything was ok, until of called about 2 or 3 week ago because of didn't understand the letter that was sent some while ago, I was told by one of the ladies working in the Department of State to mail back this letter and money order to be reinstated

Sign= Pastor Jo arne Webster