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

DOCUMENT # N0100005968

1. Entity Name

BETHESDA WORD OF FAITH CHURCH, INC.



FILED Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90105 014 ****70.00

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SARASOTA FL 34236 SARASOTA FL 34236 SARASOTA FL 34236 Suite. Apt. #, etc. Suite. Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite. Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite. Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 02-0591792 Applied Applied Check HERE IF MAKING CHANGES Long Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agents 7. Name and Address of New Registered Agent 7. Name an	•				-		<u></u>						
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Expression of Country Country Country S. Certificate of Status Desired \$8.75 Additions \$8.75 Additions \$8.75 Additions Fee Required Name DAVIS, JOHN 1963 12TH STREET SARASOTA FL 34236 City FL Zip Code City FL Zip Code S. 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 a the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. TITLE DAVIS, JOHN DAVIS, JOHN DAVIS, JOHN DAVIS, JOHN DAVIS, JOHN STREET ADDRESS TITLE DAVIS, JOHN DAVIS, JOHN DAVIS, JOHN DAVIS, JOHN DAVIS, JOHN STREET ADDRESS TITLE DAVIS, JOHN DAVIS, JOHN DAVIS, JOHN DAVIS, JOHN DAVIS, JOHN DAVIS, JOHN STREET ADDRESS STREET A	Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
Signature Country Country Country S. Certificate of Status Desired See Required Agent Name Name Street Address (P.O. Box Number is Not Acceptable) Stree	City & Stat	ie ,	City & State					4. FEI Number 02-0591792 Applied For					
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										·			<u> </u>
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CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP SARASOTA FL 34234 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(316). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(316). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(316). Florida Statutes.		L		thio Etha	does not over 15			<u>۱۸ ک</u>	KHJOYA	1- 543	45.Y	. 44 - 44 - 1	

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 of 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

4/15/03 9-41-364-9750