FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Sep 30, 2002 8:00 am § Secretary of State DOCUMENT # N01000008932 09-30-2002 90178 034 ***236.25 LIFESPRING COMMUNITY CHURCH OF FLORIDA, INC. Principal Place of Business Mailing Address 1344 PINE RIDGE CIR E #A3 1344 PINE RIDGE ÇIR E #A3 TARPON SPRINGS FL 34688 TARPON SPRINGS FL 34688 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-3657967 Not Applicable Zip Country Zip \$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 Name HEIER, PAUL Street Address (P.O. Box Number is Not Acceptable) 1344 PINE RIDGE CIR E #A3 **TARPON SPRINGS FL 34688** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE After September 13, 2002, 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Delete ☐ Addition NAME GEORGIOU, GEORGE NAME STREET ADORESS 764 CHESAPEAKE DR STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME HEIER. PAUL NAME STREET ADDRESS 1344 PINE RIDGE CIR E #A3 STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34688 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME ROZYCKI, CHRISTOPHER NAME STREET ADDRESS 1344 PINE RIGDE CIR E #A3 STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34688 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition STRYDOM, PETRUS NAME STREET ADDRESS 7802 HARDWICK DR #1125 STREET ADDRESS CiTY-ST-7IP **NEW PORT RICHEY FL 34653** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME

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 applemental 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP