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

Mar 20, 2003 8:00 am Secretary of State DOCUMENT # N02000001994 1. Entity Name 03-20-2003 90109 024 ****61.25 THE CHURCH OF DIVINE RESTORATION, INC. Principal Place of Business Mailing Address 2017 MERCY DRIVE 2017 MERCY DRIVE ORLANDO FL 32808-5629 ORLANDO FL 32808-5629 2. Principal Place of Business 3. Mailing Address 2011 Mercu Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-32 (6020 Applied For Not Applicable Country Country \$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 COSTANTINO, FRANK BISHOP Street Address (P.O. Box Number is Not Acceptable) 2017 MERCY DRIVE ORLANDO FL 32808-5629 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE COSTANTINO, FRANK BISHOP Costantino, Bishon NAME 2011 MERCY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32808-5629 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ROSS, ERNEST F III NAME NAME STREET ADDRESS 2396 LYNN LAKE PL SOUTH STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33712 CITY-ST-ZIP_ TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BROWN, CHARLES** NAME NAME STREET ADDRESS 2011 MERCY DRIVE STREET ADDRESS CITY-ST-7IP ORLANDO FL 32808-5629 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Lori Costanting. Brown 2011, Mercy Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando, CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME

12. Lhereby 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-7/P

FILED