

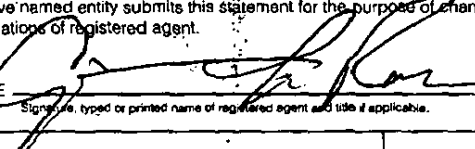
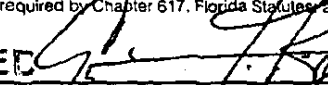
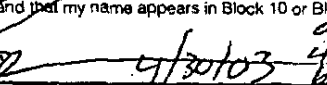
FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 91147 026 ****61.25

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

5/

44003655

DOCUMENT # N02000003528					
1. Entity Name CHURCH OF GOD IN CHRIST NEW MILLENNIUM FELLOWSHIP FLORIDA, INC.					
Principal Place of Business 2736 20TH STREET SARASOTA FL 34234		Mailing Address 2736 20TH STREET SARASOTA FL 34234			
2. Principal Place of Business 23009 Peachland Blvd Suite, Apt. #, etc.		3. Mailing Address 23009 Peachland Blvd Suite, Apt. #, etc.			
City & State Port Charlotte FL		City & State Port Charlotte FL		4. FEI Number 74-3047762	
Zip 33954		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON, JIMMIE L 23009 Peachland Blvd Port Charlotte, FL 33954				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  DATE 4/20/03 (NOTE: Registered Agent signature required when reinstating.)					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD ☐ Delete NAME ROBINSON, JIMMIE L STREET ADDRESS 2736 20TH STREET CITY-ST-ZIP SARASOTA FL 34234 <i>New Address</i>				TITLE PD ☒ Change ☐ Addition NAME Robinson, Jimmie L STREET ADDRESS 23009 Peachland Blvd CITY-ST-ZIP Port Charlotte, FL 33954	
TITLE VD ☐ Delete NAME ROBINSON, EDWIN L STREET ADDRESS 2736 20TH STREET CITY-ST-ZIP SARASOTA FL 34234 <i>New Address</i>				TITLE VD ☒ Change ☐ Addition NAME Edwin L. Robinson STREET ADDRESS 23009 Peachland Blvd CITY-ST-ZIP Port Charlotte, FL 33954	
TITLE SD ☐ Delete NAME ROBINSON, JOANNE W STREET ADDRESS 2736 20TH STREET CITY-ST-ZIP SARASOTA FL 34234 <i>New Address</i>				TITLE SD ☐ Change ☐ Addition NAME Robinson, Joanne W STREET ADDRESS Port Charlotte, FL 33954	
TITLE TD ☐ Delete NAME POLLOCK, CLYDE STREET ADDRESS POST OFFICE BOX 390 CITY-ST-ZIP ZELLWOOD FL 32798-0390				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D ☐ Delete NAME POLLOCK, BARBARA STREET ADDRESS POST OFFICE BOX 390 CITY-ST-ZIP ZELLWOOD FL 32798-0390				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 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.					
SIGNATURE:  SIGNATURE REQUIRED  4/20/03 44003655 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E037 (10/02)