FILED Feb 24, 2005 08:00 AM DOCUMENT # N02000007711 Secretary of State 1. Entity Name JKC MINISTRY IN GOD, INC. Principal Place of Business Mailing Address 22412 HORIZON VISTAS DRIVE 22412 HORIZON VISTAS DRIVE EUSTIS FL 32736 EUSTIS FL 32736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HICKMAN, KENNETH BISHOP Street Address (P.O. Box Number is Not Acceptable) 22412 HORIZON VISTAS DRIVE EUSTIS FL 32736 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 agont 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 Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. D-CH INTLE DILE ☐ Delete Change Addition HICKMAN, KENNETH BISHOP NAME NAME U00000240770 22412 HORIZON VISTAS DRIVE STREET ADDRESS STREET ADDRESS 102/24/05-80016-020 61.25 EUSTIS FL 32736 CITY-ST-ZIP CHTY-ST-ZIP TITLE Detete Change ☐ Addition GILL, RICHARD E NAME NAME 2318 S DALE, LOT 30 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405 CITY - ST - ZIP CITY-ST-ZIP Delete TITLE THE Change ☐ Addition HICKMAN, CAROL NAME NAME 22412 HORIZON VISTAS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST- NO EUSTIS FL 32736 CHY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition GILL, BARBARA A NAME NAME 2318 S DALE, LOT 30 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE THEF Change Addition NAME NAME CIPEET ADDRESS STREET ADDRESS CITY ST. 7IP CHTY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZiP 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)(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

Daytime Phone #

SIGNATURE: Signature and typed on printer have of signing of signature and typed on printer have of signing of signature.