2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2001 8:00 am Secretary of State DOGUMENT # N04482 1. Entity Name JENKS AVENUE CHURCH OF CHRIST, INC. 02-01-2001 90128 048 ****61.25 Principal Place of Business Mailing Address 3332 JENKS AVE. 3332 JENKS AVE PANAMA CITY FL 32405 PANAMA CITY FL 32405 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 59-2270658 Not Applicable Zip Country Zin 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 Name Street Address (P.O. Box Number is Not Acceptable) REECE, JACK E. 1503 CONNECTICUT AVE LYNN HAVEN FL 32444 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61,25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE Delete TITLE Change ST NAME PIPPIN, M.C. NAME Thompson, Todd STREET ADDRESS 5408 WHITNEY DR. STREET ADDRESS 211 Virginia Ave. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404 Lynn Haven, FL 32444 ☐ Delete TITLE Addition TITLE Change D MCKEAND, DALE NAME NAME Tucker, Hugh STREET ADDRESS 114 CANDLEWICK CR STREET ADDRESS 1029 Huntingdon Rd. CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP Panama City, FL 32405 D____ ☐ Change TITLE Delete TITLE Addition HOLSOMBAKE, JIM NAME NAME Wegner, Wayne STREET ADDRESS 201 TIMBER LANE STREET ADDRESS 244 E. 9th St. - Lynn Haven FE 32444 CITY-ST-7IP CITY-ST-7IP PANAMA CITY FL 32405 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CALHOUN, PAUL NAME NAME STREET ADDRESS 1800 MASSACHUSETTS AVE. STREET ADDRESS CITY-ST-ZIP LYNN HAVEN FL 32444 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE BACKUS, ROBERT NAME NAME STREET ADDRESS 1800 NEW JERSEY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LYNN HAVEN FL 32444 TITLE ☐ Addition TITLE Delete BURLESON, HAYES H. NAME NAME Burleson, Hayes H. STREET ADDRESS 107 TIMBER LANE STREET ADDRESS 107 Timber Lane CITY-ST-ZIP CITY-ST-ZIP-PANAMA CITY FL 32405 Panama City, FL 32405

I hereby certify that the information supplied with this filling 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 andress, with all other like empowered.

SIGNATURE:

JOE REGodd Thompson, Sec.-Treas. AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-01