2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # NO5071 Jun 29, 2000 8:00 am Secretary of State 1. Entity Name WESLEY COMMUNITY CHURCH, INC. 06-29-2000 90633 048 ****70.00 Principal Place of Business Mailing Address 2010 SPIRIT LAKE RD P O BOX 1801 P. O. BOX 1801 WINTER HAVEN FL 33880-1540 AUBURNDALE FL 33823-1801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-2462989 Not Applicable Zip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) LANGSTON, SCOTT 117 FLORIDA AVE S LAKELAND FL 33801 City Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 'PP/9/ 71/0= ☐ Addition ☐ Delete TITLE TITLE LAWS, GEORGE W NAME NAME STREET ADDRESS STREET ADDRESS 2010 SPIRIT LAKE RD CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880-1540 ☐ Addition Change TITLE DT ☐ Delete LAWS, JUDITH B NAME NAME STREET ADDRESS STREET ADDRESS 2010 SPIRIT LAKE RD CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880-1540 [] Change TITLE Addition TITLE Delete KINSTETTER, DAVID E NAME 324 SAND PINE TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Change ☐ Addition Delete TITLE STANLEY, LINA NAME STREET ADDRESS STREET ADDRESS 217 POLK ST W CITY-ST-ZIP CITY-SY-ZIP **AUBURNDALE FL 33823** Change ☐ Addition ☐ Delete TITLE TITLE DENNIS M. TULLY NAME TULLY, DAVID M NAME STREET ADDRESS 2010 SPIRIT LAKE RD STREET ADDRESS 33*83*0 CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880-1540 BARTOW ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 of Justee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE W. LAWS

863-287-9837

Daytime Phone #