FILL Hall 1/9/ hour GULLAR OVE

DUUUIVILIAI . I COJO! 1. Entity Name **FILED** VENICE APOSTOLIC UNITED PENTECOSTAL CHURCH, INC. Feb 01, 2001 8:00 am Secretary of State Principal Place of Business' Mailing Address 02-01-2001 90153 032 ****61.25 % EDGIL HALL % EDGIL HALL 2235 SEABOARD AVENUE 2235 SEABOARD AVENUE VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business 3. Mailing Address T TORINKON ON BEING BINN ONIED WINT CODE QUALITORINE AND DERIT BLEET BIDIT (PDI Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2469635 Not Applicable Zip Country Zip 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) HALL, EDGIL 380 DORCHESTER DR VENICE FL 33595 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition WAGONER, OSCAR NAME NAME STREET ADDRESS 5439 SYLVANIA DR. STREET ADDRESS CITY-ST-ZIP NORTH PORT FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME VOHASKA, MICHAEL NAME STREET ADDRESS 1005 SQUAW VALLEY STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HALL, EDGIL NAME NAME STREET ADDRESS 380 DORCHESTER DR STREET ADDRESS CITY-ST-7IP **VENICE FL** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition CHURCH, CAROLINE NAME NAME STREET ADDRESS 315 8TH ST STREET ADDRESS CITY-ST-ZIP NOKOMIS FL 34275 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-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 changed, or on an attachment with a address, with all other like empowered.

SIGNATI IRE: