TRUTH BAPTIST CHURCH, INC.  TRUTH BAPTIST CHURCH, INC.	FILE NUW: FILIN	IG FEE IS \$61.25			ILED
ADAVALAL REPORT     1997     199     100     197     199     100     197     199     19     19     199     199     199     199     19     19     19     199     199     19     199     19     19     19     199     19     199     19     19     199     19     19     19     19     19     19     19     19     19     19     199     19		FLORIDA DEPART	MENT OF STATE	Feb 13 1	997 8:00am
		開発			
Opcontingent #       N12649       (2)         Approximation Name       California       California       California         Charles of Business       Mailing Address       Extra Color       California         Control Color       Pile Eutron Count       Pile Eutron Count       Pile Eutron Count         Provide of Business       Basing Address       Pile Eutron Count       Pile Eutron Count         Fright Place of Business       Basing Address       Pile Eutron Count       Pile Eutron Count         State of Business       Basing Address       Pile Eutron Count       Pile Eutron Count       Pile Eutron Count         State of Business       Basing Address       Pile Eutron Count       Pile Address       Pile Eutron Count         State of Business       Basing Address       Pile Eutron Count       Pile Address       Pile Address       Pile Address         State of Business       Count       Pile Address       Pile A	No. 107			Secreta	ary of State
TRUTH BAPTIST CHURCH, INC.         cpair Place of Business       Making Address         Extrom Count       2188 EXTON COURT         PT, WERS FL 33007       2188 EXTON COURT         PT, WERS FL 33007       2180 An 0.1 # ord         PT, Apple of Business       28         Status       217         PT, Apple of Business       28         PT, Apple of Business       28         PT, Apple of Business       28         PT, Apple of Business       20         PT       20	OCUMENT # N12649	) (2)			
Open Place of Business         Mailing Address           Particle Color Of Business         28 (BLOKO OQURT FF, MERS FL 33007         29 (BLOKO OQURT FF, MERS FL 33007 Address         9. Data projected of Coulified 27 (BLOKO OQURT FF, MERS FL 33007 Address         9. Data projected of Coulified 27 (BLOKO OQURT FF, MERS FL 33007 Address         9. Data projected of Coulified 28 (BLOKO OQURT FF, MERS FL 33007 Address         9. Data projected of Coulified 28 (BLOKO OQURT FF, MERS FL 33007 Address         9. Data projected of Coulified 28 (BLOKO OQURT FF, MERS FL 33007 Coulify         9. Data projected of Coulified 27 (BLOKO OQURT FF, MERS FL 33007         9. Data projected of Coulified 28 (BLOKO OQURT FF, MERS FL 33007         9. Data projected of Coulified 28 (BLOKO OQURT FF, MERS FL 33007         9. Data projected of Coulified 28 (Clor FF, MERS FL 33007         9. Data projected of Coulified 28 (Clor FF, MERS FL 33007         9. Data projected of Coulified 28 (Clor FF, MERS FL 33007         9. Data projected of Coulified 28 (Clor FF, MERS FL 33007         9. Data projected of Coulified 28 (Clor FF, MERS FL 33007         9. Data projected of Coulified 28 (Clor FF, MERS FL 33007         9. Data projected of Coulified 28 (Clor FF, MERS FL 33007         9. Data projected of Coulified 28 (Clor FF, MERS FL 33007         9. Data projected of Coulified 28 (Clor FF, MERS FL 30007         9. Data projected of Coulified 29 (Clor FF, MERS FL 30007         9. Data projected of Coulified 20 (Clor FF, MERS FL 30007         9. Data projected of Coulified 20 (Clor FF, MERS FL 30007         9. Data projected of Coulified 20 (Clor FF, MERS FL 30007         9. Data projected of Coulified 20 (MERS FL 30007         9. Data projected of Coulified 20 (Clor	•			) -20-00-110-1-00-5- (10-10) -20-010- Dest/ (10-10)	
ELVION COURT INTERS R. 3307     PI BE LKTON COURT (T, MCRS RL 3300/301) (S       a. Date incorporated or Outlifted 2/19/1985     3e. Date of Lest Report Out/0/1996       modular data or provide Place of Business     a. Maimor Address (a)     4. FEI Numper (c)       a. Date incorporated or Outlifted 2/19/1985     3e. Date of Lest Report Out/0/1996       b. Date incorporated or Outlifted 2/19/1985     3e. Date of Lest Report (c)       b. Date incorporated or Outlifted 2/19/1985     5.00. Apt # 0       b. Date incorporated or Outlifted 2/19/1985     5.00. Apt # 0       b. Date incorporated or Outlifted 2/19/1985     5.00. Apt # 0       b. Date incorporated or Outlifted 2/19/1985     5.00. Apt # 0       b. Date incorporated or Outlifted 2/19/1985     5.00. Apt # 0       b. Date incorporated or Outlifted 2/19/1985     5.00. Apt # 0       b. Date incorporated or Outlifted 2/19/1985     5.00. Apt # 0       b. Date incorporated or Outlifted 2/19/1985     5.00. Apt # 0       b. Date incorporated or Outlifted 2/19/1985     5.00. Apt # 0       b. Date incorporated or Outlifted 2/19/1985     5.00. Apt # 0       b. Date incorporated or Outlifted 2/19/1985     5.00. Apt # 0       b. Date incorporated or Outlifted 2/19/1985     5.00. Apt # 0       b. Date incorporated or Outlifted 2/19/1985     5.00. Apt # 0       b. Date incorporated or Outlifted 2/19/1985     5.00. Apt # 0       b. Date incorporated or Outlifted 2/19/198	ninal Plans of Rusinnes	Molling Address			
ArtERS FL 3300*       FL MIERS FL 3300*A01       9. Date incorporated or Autilition       3e. Date of Last Report         Mincipal Place of Business       2a.       Mining Address       4. FEI Strategy       See Departed or Autilition         And r, Apt #, etc.       2a.       Mining Address       4. FEI Strategy       See Departed or Autilition         Appl. 4, etc.       Subin. Apt #, etc.       Subin. Apt #, etc.       6. Centricate of Status Desired       Stat. Appl. at. Ap	•	÷			
A Date Interpreted of Coulified     Sub Chart Report     12/19/19/05     12/19/19/19/19/19/19/19/19/19/19/19/19/19/	MYERS FL 33907	FT. MYERS FL 33907-3011			
28     Solite. Apti #, etc.     59-2890233     Not Application       20y & State.     Solite. Apti #, etc.     6. Conflicte of Status Desired     \$8.75 Advicent       20y & State.     City & State.     Country     20     Solite. Apti #, etc.     5. Conflicte of Status Desired     \$8.75 Advicent       20y & State.     20     Country     20     Country     8. This concortain has baller for interpolate tax under s. 198:032, Provide Status Country     Advice Dese.       3.0     0     Country     20     Country     10. Name and Address of Current Registered Agent       3.0     0     0     Inter concortain has baller for interpolate tax under s. 198:032, Provide Status Country     20       3.0     100     Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent       3.0     100     100     Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       3.0     100     100     100     100     100     100       3.0     100     100     100     100     100     100       3.0     100     100     100     100     100     100       3.0     100     100     100     100     100     100     100       3.0     100     100     100     <		05		3. Date Incorporated or Qualified 12/19/1985	3a. Date of Last Report 04/01/1996
Suite. Apt. #, etc         Dry & State       Cary & State       E. Derificate of Status Desired       Fee Required         Dry & State       Country       E. Election Campaign Financing       \$5.00 May Be         Added to Fees       Financial Status Desired       Yes Required       Added to Fees         State. Address of Current Registered Agent       10. Name and Address of Current Registered Agent       10. Name and Address of Current Registered Agent       State. Address (P.O. Box Number is Not Acceptable)         JACOBSEN, PEGGY S       2168 ELKTON COURT       State. Address (P.O. Box Number is Not Acceptable)       State registered Agent         JACOBSEN, VEGGY S       50       State registered Agent       State registered Agent       State registered Agent         JACOBSEN, VEGGY S       51       State registered Agent       State registered Agent       State registered Agent         JACOBSEN, VegGY S       52       State registered Agent       State registered Agent       State registered Agent         JACOBSEN, VegGY S       State registered Agent       State registered Agent       State registered Agent       State registered Agent         JACOBSEN, VegGY S       State registered Agent registered Agent       For Cool State State Registered Agent       State registered Agent	Principal Place of Business			4. FEI Number 59-2690293	
City & State       City & State       City & State       6. Electric Campaign Financing       \$5.00 kay Ba         Added to Frees       Total Fund Contribution       Total Fund Contribution       Added to Frees         State       20       Country       8. The control Contribution       Added to Frees         Added to Frees       State       20       State       100       Response       Yes       Manual State         JACOBSEN, PEGGY S       2168 ELRTON COURT       50       State       50       State       50         First Address of New Registered Agent       50       State       50       State       50         JACOBSEN, PEGGY S       2168 ELRTON COURT       50       State       50       State       50         First Address (P.O. Box Number is Not Acceptable)       50       State       50       State       50         First Address (P.O. Box Number is Not Acceptable)       50       State       50	Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Country         Zp         Country         Zp         Country         8. This corporation has liability for intargbits as under s. 199.022, Florids Stutues         Florids Stutues         This corporation has liability for intargbits as under s. 199.022, Florids Stutues         Florids Stutues         This corporation has liability for intargbits as under s. 199.022, Florids Stutues         Florids Stutues         This corporation has liability for intargbits as under s. 199.022, Florids Stutues         Florids Stutues         This corporation has liability for intargbits as under s. 199.022, Florids Stutues         Florids Stutues <td>City &amp; State</td> <td>City &amp; State</td> <td></td> <td></td> <td>\$5.00 May Be</td>	City & State	City & State			\$5.00 May Be
B. Name and Address of Current Registered Agent     In Reme     In C. Name and Address of New Registered Agent     In C. Name and Address of New Registered Agent     JACOBSEN, PEGGY S     2188 ELKTON COURT     R     R     Street Address (P.O. Box Number is Not Acceptable)     R		Zip		8. This corporation has liability for	Intangible tax under s. 199.032,
JACOBSEN, PEGGY S 2188 ELKTON COURT FT. MYERS FL 33907			30		
2185 ELKTÓN COURT       65         FT. MYERS FL 33907       66         Pursuant to the provisions of Sections B17 0502 and B17 1508. Florida Statutes, the above named corporation submits this statement for the proposed of charging Its registered agent. I ant maintain with, and account the obligations of Section S17 0503. Porida Statutes.         Pursuant to the provisions of Sections B17 0502 and B17 1508. Florida Statutes.       1000000000000000000000000000000000000			81 Name		
FT. MYERS FL 33907       83         Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both the statement for the purpose of changing its registered agent. I an tank and accept the obligations of, Section 617 0503. Portida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I an tank and accept the obligations of, Section 617 0503. Portida Statutes.         NATURE       OPFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         CD       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         CD       DELETE       11 TITLE       Change       Addition         EWERS, ROGER L       13. WME       13. STRET ADDESS       14.         EVERS, ROSETTA E       23. STRET ADDESS       14.       14.       14.         Crip: ATTICA MI 48412       14.007: ST.2P       14.       16.       16.       16.         EVERS, ROSETTA E       23. STRET ADDESS       33. STRET ADDESS       13.       13.       17.			82 Street Add	Iress (P.O. Box Number is Not Acceptab	le)
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent, and name with and accept the oblighted back such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and name with and accept the oblighted back such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and name with and accept the oblighted back such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and name with and accept the oblighted back such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and name with an accept the oblighted back such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and name with an accept the oblighted back agent and instatutes. I hereby accept the oblighted back agent agen			83		- Tellanitian
Pursuant to the provisions of Sectors 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the supportunent as registered agent. I an amating with and except the supportunent as registered agent. I an amating with and except the supportunent as registered agent. I an amating with and except the support and the Implicate for the Implicate for the support and the Implicate for the support					
CD CD Change Addition E HADRESS 4893 LUM RD. 51.7/P ATTICA MI 48412 VCD DELETE 1.1 TITLE 1.1 TIT	Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of greet Law familiar with and screen the obligate	and 617,1508, Florida Statute f Florida. Such change was at ons of Section 617 0503. Flor		poration submits this statement for the p tion's board of directors. I hereby accep	
EL ADDRESS 4893 LÚM RD. 13 STREET ADDRESS SIT-2IP ATTICA MI 48412	NATURE	and this if applicable (NOTE	s, the above-named cor thorized by the corpora ida Statutes. Registered Agent signature requ	wed when reinstating)	FL purpose of changing its registered of the appointment as registered DATE
E       EWERS, ROSETTA E       22 NAME         ET ADDRESS       4893 LUM ROAD       2.3 STREET ADDRESS         SIT-ZIP       ATTICA MI 48412       2.4 CITY-ST-ZIP         AD       DELETE       3.1 TITLE         JACOBSEN, PEGGY S.       3.2 NAME         ET ADDRESS       17040 GOLFSIDE CRICLE #806         SIT-ZIP       D       DELETE         D       DELETE       3.1 TITLE         D       DELETE       4.0 CITY-SIT-ZIP         D       DELETE       4.0 CITY-SIT-ZIP         D       DELETE       4.0 CITY-SIT-ZIP         ET ADDRESS       2216 YOUNGS ROAD       4.3 STREET ADDRESS         -SIT-ZIP       LUM MI 48412       4.0 CITY-SIT-ZIP         D       DELETE       5.1 TITLE         SINNER, TIMOTHY       5.2 NAME         SAST LUM MI 48412       4.0 CITY-SIT-ZIP         Change       Addition         SINNER, TIMOTHY       5.2 NAME         SAST LUM MI 48412       5.3 STREET ADDRESS         -SI-ZP       LUM MI 48412       6.1 TITLE         SAGNE       5.2 NAME       5.2 NAME         E       SAGNET ADDRESS       5.3 STREET ADDRESS         -SI-ZP       LUM MI 48412       6.3 STREET ADDRESS	NATURE	and title if applicable (NOTE DIRECTORS	s, the above-named cor uthorized by the corpora ida Statutes. Registered Agent signature requ 13.	wed when reinstating)	FL purpose of changing its registered of the appointment as registered DATE
E       EWERS, ROSETTA E       22 NAME         ET ADDRESS       4893 LUM ROAD       2.3 STREET ADDRESS         SIT-ZIP       ATTICA MI 48412       2.4 CITY-ST-ZIP         AD       DELETE       3.1 TITLE         JACOBSEN, PEGGY S.       3.2 NAME         ET ADDRESS       17040 GOLFSIDE CRICLE #806         SIT-ZIP       D       DELETE         D       DELETE       3.1 TITLE         D       DELETE       4.0 CITY-SIT-ZIP         D       DELETE       4.0 CITY-SIT-ZIP         D       DELETE       4.0 CITY-SIT-ZIP         ET ADDRESS       2216 YOUNGS ROAD       4.3 STREET ADDRESS         -SIT-ZIP       LUM MI 48412       4.0 CITY-SIT-ZIP         D       DELETE       5.1 TITLE         SINNER, TIMOTHY       5.2 NAME         SAST LUM MI 48412       4.0 CITY-SIT-ZIP         Change       Addition         SINNER, TIMOTHY       5.2 NAME         SAST LUM MI 48412       5.3 STREET ADDRESS         -SI-ZP       LUM MI 48412       6.1 TITLE         SAGNE       5.2 NAME       5.2 NAME         E       SAGNET ADDRESS       5.3 STREET ADDRESS         -SI-ZP       LUM MI 48412       6.3 STREET ADDRESS	NATURE	and title if applicable (NOTE DIRECTORS	s, the above-named cor uthorized by the corpora ida Statutes. Registered Agent signature requ 13. 1.1 TIFLE 1.2 NAME	wed when reinstating)	L     Jurpose of changing its registered     of the appointment as registered     DATE     CHANGE AND DIRECTORS IN 12     Change Addition
ET ADDRESS       4893 LUM ROAD       2.3 STREET ADDRESS         ST-ZP       ATTICA MI 48412       2.4 CITY-ST-ZIP         AD       DELETE       31 TITLE         JACOBSEN, PEGGY S.       32 NAME         ET ADDRESS       17040 GOLFSIDE CRICLE #806       33 STREET ADDRESS         ST-ZIP       T. MYERS FL       34 CITY-ST-ZIP         D       DELETE       31 TITLE         D       DELETE       33 STREET ADDRESS         ST-ZIP       T. MYERS FL       34 CITY-ST-ZIP         D       DELETE       41 TITLE         Change       Addition         ET ADDRESS       2216 YOUNGS ROAD         ST-ZIP       LUM MI 48412       44 CITY-ST-ZIP         Change       DELETE         ST-ZIP       DELETE         LUM MI 48412       44 CITY-ST-ZIP         Change       Addition         S387 LUM ROAD       53 STREET ADDRESS         -S1-ZIP       DELETE         LUM MI 48412       54 CITY-ST-ZIP         Change       Addition         S387 LUM ROAD       53 STREET ADDRESS         -S1-ZIP       DELETE         LUM MI 48412       54 CITY-ST-ZIP         Change       Addition	NATURE Signature, typed or printed name of registered agent OFFICERS AND CD EWERS, ROGER L ET ADDRESS 4893 LUM RD.	and title if applicable (NOTE DIRECTORS	s, the above-named con uthorized by the corpora- rida Statutes. Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	wed when reinstating)	L     Jurpose of changing its registered     of the appointment as registered     DATE     CHANGE AND DIRECTORS IN 12     Change Addition
ST-7P       ATTICA MI 48412       2.4 CITY-ST-7IP         AD       DELETE       31 TITLE         JACOBSEN, PEGGY S.       32 NAME         ST-7P       T7040 GOLFSIDE CRICLE #806       33 STREET ADDRESS         ST-7P       FT. MYERS FL       34 CUTY-ST-7P         D       DELETE       34 CUTY-ST-7P         D       DELETE       41 TITLE         STEELEY, JOHN C       4.2 NAME         STEELEY, JOHN C       4.2 NAME         STETELEY, JOHN C       4.2 NAME         ULM MI 48412       4.4 CITY-ST-7P         D       DELETE       51 TITLE         STEELEY, JOHN C       4.2 NAME         ST-7P       LUM MI 48412       4.4 CITY-ST-7P         D       DELETE       51 TITLE         STERET ADDRESS       5387 LUM ROAD       53 STREET ADDRESS         SI-7P       LUM MI 48412       54 CITY-ST-7P         ET ADDRESS       5387 LUM ROAD       53 STREET ADDRESS         SI-7P       LUM MI 48412       54 CITY-ST-7P         E       DELETE       64 CITY-ST-7P         C       DELETE       64 CITY-ST-7P         C       Change       Addition         SI-7P       LUM MI 48412       54 CITY-ST-7P	NATURE Signature, typed or printed name of registered agent OFFICERS AND CD EWERS, ROGER L 4893 LUM RD. ATTICA MI 48412	and trile if applicable (NOTE DIRECTORS	s, the above-named con uthorized by the corpora- rida Statutes. Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	wed when reinstating)	DATE
AD       DELETE       31 TITLE       Change       Addition         ADORESS       JACOBSEN, PEGGY S.       32 NAME       32 NAME       33 STREET ADDRESS         SIT-ZIP       FT. MYERS FL       34 CITY-ST-ZIP       D       DeLETE       41 TITLE       DeleTe       Addition         E       STEELEY, JOHN C       42 NAME       2216 YOUNGS ROAD       Addition       Addition         E       STEELEY, JOHN C       42 NAME       Change       Addition         E       STEELEY, JOHN C       42 NAME       Addition       Addition         E1 ADDRESS       STEELEY, JOHN C       42 NAME       Addition       Addition         STE212P       D       DELETE       51 TITLE       Change       Addition         E1 ADDRESS       STRET ADDRESS       51 TITLE       Change       Addition         E1 ADDRESS       S387 LUM ROAD       53 STRET ADDRESS       53 STREET ADDRESS       53 STREET ADDRESS         S1-7P       LUM MI 48412       54 CITY-ST-ZIP       Change       Addition         E       S1 TITLE       S1 TITLE       Change       Addition         S1-7P       LUM MI 48412       54 CITY-ST-ZIP       Change       Addition         E1 ADDRESS       S1 TITLE	NATURE Signature, typed or printed name of registered agent OFFICERS AND CD EWERS, ROGER L 4893 LUM RDST-ZIP ATTICA MI 48412 VCD EWERS, ROSETTA E	and trile if applicable (NOTE DIRECTORS	s, the above-named con- thorized by the corpora- ida Statutes. Repistered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	wed when reinstating)	DATE
Ef ADDRESS       17040 GQLFSIDE CRICLE #806       33 STRET ADDRESS         ST-ZIP       D       DELETE       34 CitY-ST-ZIP         D       DELETE       41 TiTLE       Change       Addition         E       STEELEY, JOHN C       4.2 NAME       4.2 NAME         2216 YOUNGS ROAD       4.3 STRET ADDRESS	NATURE Signature, typed or printed name of registered agent OFFICERS AND CD EWERS, ROGER L 4893 LUM RD. ATTICA MI 48412 VCD EWERS, ROSETTA E EWERS, ROSETTA E EWERS, LUM ROAD	and trile if applicable (NOTE DIRECTORS	s, the above-named con- thorized by the corpora- ida Statutes. Repistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	wed when reinstating)	DATE
-SI-ZIP       FT. MYERS FL       34. CITY-ST-ZIP         D       DELETE       41 TITLE       Change       Addition         E       STEELEY, JOHN C       4.2 NAME       4.2 NAME         E1 ADDRESS       2216 YOUNGS ROAD       4.3 STREET ADDRESS	NATURE  Signature, typed or printed name of registered agent OFFICERS AND CD E E E E E E E E E E E E E E E E E E		s, the above-named con- thorized by the corpora- ida Statutes. Repistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	wed when reinstating)	L     L     Jurpose of changing its registered     Date     DATE     Change     Addition     Change     Addition
D       DELETE       41 TITLE       Change       Addition         E       STEELEY, JOHN C       4.2 NAME       4.2 NAME       4.3 STREET ADDRESS         -ST-2IP       LUM MI 48412       4.4 CITY-ST-ZIP       Change       Addition         D       DELETE       5.1 TITLE       Change       Addition         E       SKINNER, TIMOTHY       52 NAME       Change       Addition         E       SKINNER, TIMOTHY       52 NAME       53 STREET ADDRESS       Change       Addition         S-ST-ZIP       LUM MI 48412       54 CITY-ST-ZIP       Change       Addition         E       SKINNER, TIMOTHY       52 NAME       53 STREET ADDRESS       -ST-ZIP       Change       Addition         E1 ADDRESS       5387 LUM ROAD       53 STREET ADDRESS       -ST-ZIP       Change       Addition         E1 ADDRESS       -S1-ZIP       LUM MI 48412       54 CITY-ST-ZIP       Change       Addition         E       STELET       6.1 TITLE       Change       Addition         E       S2 NAME       -S1 ZIP       -S1 ZIP       Change       Addition         I do 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 informat	NATURE Signature, typed or printed name of registered agent OFFICERS AND CD EU ET ADDRESS 4893 LUM RD. ATTICA MI 48412 VCD EU EVERS, ROSETTA E EVERS, ROSETTA E EVERS, ROSETTA E EVERS, ATTICA MI 48412 AD EU ADDRESS AB93 LUM ROAD ATTICA MI 48412 AD EU JACOBSEN, PEGGY S.	end the If applicable (NOTE DIRECTORS	s, the above-named cor thorized by the corpora- ida Statutes. Repistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	wed when reinstating)	L     L     Jurpose of changing its registered     Date     DATE     CERS AND DIRECTORS IN 12     Change Addition     Change Addition
ET ADDRESS       2216 YOUNGS ROAD       4.3 STREET ADDRESS         -ST-2IP       LUM MI 48412       4.4 CITY-ST-ZIP         D       DELETE       5.1 TITLE         SKINNER, TIMOTHY       5.2 NAME         5387 LUM ROAD       5.3 STREET ADDRESS         -ST-ZIP       LUM MI 48412         EI ADDRESS       5.3 STREET ADDRESS         -ST-ZIP       LUM MI 48412         EI ADDRESS       5.4 CITY-ST-ZIP         EI ADDRESS       5.4 CITY-ST-ZIP         EI ADDRESS       5.4 CITY-ST-ZIP         EI ADDRESS       6.3 STREET ADDRESS         -ST-ZIP       DELETE         EI ADDRESS       6.3 STREET ADDRESS         -ST-ZIP       Change         DELETE       6.3 STREET ADDRESS         -ST-ZIP       Change         I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the an on 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	INATURE Signature, typed or printed name of registered agent OFFICERS AND E CD E EWERS, ROGER L EVERS, ROGER L EVERS, ROSETTA E EVERS, ROSETTA E EWERS, ROSETTA E EWERS, ROSETTA E EVERS, ROSETTA E EVERS, ATTICA MI 48412 E EVERS, ADDRESS ATTICA MI 48412 E EVERS, PEGGY S, TO 400 GOLFSIDE CRICLE #800 EVERS	end the If applicable (NOTE DIRECTORS	s, the above-named con thorized by the corpora- ida Statutes. Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	wed when reinstating)	L     L     Jurpose of changing its registered     Date     DATE     Change     Addition     Change     Addition
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