2000 UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # N15588 Apr 05, 2000 8:00 am Secretary of State 1. Entity Name CHURCH PLANTERS OF AMERICA, INC. 04-05-2000 90116 027 ****61.25 Principal Place of Business Mailing Address 3212 CORAL SEA COURT 3212 CORAL SEA COURT TALLAHASSEE FL 32312 TALLAHASSEE FL 32312-2019 2. Principal Place of Business 3. Mailing Address 660 S.W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2727077 tompano Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33068 USA 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) LUTHER, PAUL J. 3212 CORAL SEA COURT TALLAHASSEE FL 32312 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to 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. DP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LUTHER, PAUL J. NAME STREET ADDRESS STREET ADDRESS 3212 CORAL SEA COURT CITY-ST-ZIP CITY-ST-ZIP Tallahassee FL TITLE ☐ Delete TITLE Change ☐ Addition NAME luther, ellyn e. NAME STREET ADDRESS STREET ADDRESS 3212 CORAL SEA COURT CITY-ST-ZIP CITY-ST-7IP <u>Tallahassee fl</u> DITHE D ☐ Delete TITLE Change ☐ Addition NAME Luther, Keri M NAME STREET ADDRESS STREET ADDRESS 915 S SEMINOLE DR CITY-ST-ZIE CITY-ST-ZIP EAST RIDGE TN 37412 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 of 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 address, with all other tike ampowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR