FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 22, 2001 8:00 am Secretary of State DOCUMENT # N22976 1. Entity Name THE FAMILY OF GOD INC. 01-22-2001 90074 001 ***306.25 Principal Place of Business Mailing Address 924 N MAGNOLIA AVE 1530 LONGBAY ROAD 22900 STE 250 MIDDLEBURG FL 32068 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2847199 Not Applicable Country \$8.75 Additional Zip Zip___ 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) BORKO, MD 924 N MAGNOLIA AVE STE250 Zip Code City FL ORLANDO FL 32803 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CR2E037 (10/00) ☐ Addition ☐ Delete TITLE PD TITI F FELDMAN, JUDY NAME NAME STREET ADDRESS 13085 ORTEGA LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL 33157 ☐ Addition ☐ Change ☐ Delete TITLE TITLE BIZAR, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 200-24TH AVE CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785 CITY-ST-ZIP X Change Addition TITLE TITLE ☐ Delete LaVOO, GEORGE KLOSSNER, WILLIAM NAME NAME 1201 AQUI-ESTA STREET ADDRESS 4313 HURON LANE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33762-5212 CITY-ST-ZIP PUNTA-GORDA FL-33950 X Change ☐ Addition SD Delete TITLE TITLE SHARON ROGERS-GROGGETT ATCHISON, JAMES NAME NAME 200 N. 46TH AVENUE 1960-N-SWINTON-AVENUE STREET ADDRESS STREET ADDRESS DELRAY-BEACH-FL -CITY-ST-ZIP HOLLYWOOD, FL 33021-6604 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-782

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 an address, with all other like empowered.

SIGNATURE: MATCHER PLOUGIAS Borko

1/9/01

407/835-7501