2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 07, 2000 8:00 an **DOCUMENT # N23180 Secretary of State** 1. Entity Name 02-07-2000 90007 037 ****61.25 **BOB NUTTING MINISTRIES. INC.** Principal Place of Business Mailing Address %ROBERT E. NUTTING %ROBERT E. NUTTING 1801 S. ORANGE BLOSSOM TRAIL 1801 S. ORANGE BLOSSOM TRAIL B0015264 ORLANDO FL 32805 ORLANDO FL 32805-4649 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied F 59-2855260 Not 4 _ Zip__. **⊸**Zip Country -\$8.75 Additional 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) NUTTING, ROBERT E. 1801 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32805 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. 1000 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be 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. Robert E Normice 5 400 Bis (BOD RM) Delete TITLE TITLE JOOSTE, MARTIN NAME NAME STREET ADDRESS STREET ADDRESS 5558 MISCHELLE AVE. DNAN SO FI. 32800 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 TITLE ☐ Delete TITLE Change NAME SACHDEUA, PAUL NAME STREET ADDRESS 4209 ARBOR OAKS CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 \Box . ☐ Change SD ☐ Delete TITLE LILLY, GENE NAME NAME STREET ADDRESS P.O. BOX 487 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Cape Canaveital FL 32920 ☐ Change \Box . ☐ Delete TITI F TITLE FLAGG, NORMAN NAME NAME STREET ADDRESS 3317 TENNESSEE TR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL.F ☐ Change ☐ Delete TITLE TITLE BART, BIDDLE NAME NAME STREET ADDRESS STREET ADDRESS 2300 JET POINT DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 TITLE ☐ Delete ☐ Change KAHN, WILLIAM R NAME NAME STREET ADDRESS 3878 N LAKE ORLANDO PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL

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 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 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 5% of the corporation of the corporation of 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 5% of the corporation of 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 5% of the corporation of 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 5% of the corporation of the receiver or trustee. changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

1-31-00 407 843 7644 Date Dayline Phone #