2003 NOT-FOR-PROFIT CORPORATION

FILED Feb 14, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR Secretary of State DOCUMENT # **N30089** 02-14-2003 90214 044 ****61.25 1. Entity Name THE WESLEYAN CHURCH OF PAOLA, INC. Mailing Address Principal Place of Business C/O BEECHER. BUMGARDNER 5650 WAYSIDE DR. 5415 ORANGE BLVD. 5415 ORANGE BLVD. SANFORD FL 32771 SANFORD FL 32771 3. Mailing Address 2. Principal Place of Busines clo Gene A. Burke 5650 Wayside Dr. ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. 5751 Michelle Lane 5751 Michelle Lane Applied For City & State 5anford 4. FEI Number 59-2934060 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Semt no le Fee Required Seminole 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Burke BUMGARDNER, BEECHER 5415 ORANGE BLVD. SANFORD FL 32771 Zip Code **32.7**7/ 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. I am familiar with, and accept the obligations of registered agen SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable Make Check Payable to 9, Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Addition 🔀 Change 🗶 Delete TITLE Burke, Gene A. 5751 Michelle Lane TITLE NAME TINCHER, ROBERT L NAME STREET ADDRESS 5601 FIRST STREET STREET ADDRESS Sanford, FL CITY-ST-7IP SANFORD FL CITY-ST-ZIF ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME BUMGARDNER, WILLIAM R NAME STREET ADDRESS 2618 MOHAWK AVENUE STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP SANFORD FL 32771 Change Addition STD TITLE Delete Jexton, James R. 347/ OKIO Ave. NAME BUMGARDNER, BEECHER NAME STREET ADDRESS Sanford, FL 32773 5415 ORANGE BLVD. STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP SANFORD FL Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

CICNIATI IDE:

NAME

STREET ADDRESS

CITY-ST-ZIP