2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 13, 2002 8:00 am Secretary of State **DOCUMENT # N33357** 1. Entity Name CHURCH WITHIN THE CHURCH, INC. 05-13-2002 90185 015 ****61.25 Principal Place of Business Mailing Address 识殊域 353 JOY RD 507 FIFTH AVE DAYTONA BCH FL 32118 SOUTH: DAYTONA FL 32119 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2981017 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired -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) MEYER, AL **353 JOY RD** S. DAYTONA FL 32119 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be 🐇 FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DP ☐ Change ☐ Addition ☐ Delete TITLE NAME MEYER. AL NAME STREET ADDRESS STREET ADDRESS 353 JOY RD CITY-ST-7IP CITY-ST-ZIP \$. DAYTONA FL TITLE ☐ Delete TITLE Change ☐ Addition SANFORD, MARTHA NAME STREET ADDRESS STREET ADDRESS 3300 S NOVA RD CITY-ST-ZIP___ CITY-ST-ZIP Daytona Beach Fl Change ☐ Addition Delete MEYER, BRIAN STREET ADDRESS STREET ADDRESS 1482 CENTER AVE. CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL FL ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE

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.

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP