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, 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N33991

SINGLES REACHING SINGLES IN CHRIST, INC.

Principal Place	of Business	Mailing Address				1				
3906 WEBBER		C/O GERRY GALLICCHIO								
SARASOTA FL 34232-4919 3906 WEBBER ST. US SARASOTA FL 3423:										
US US							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2. Principal Pl	ace of Business	2a. Mailing Address				3. Date Incorporat	ted or Qualifed	-		
21		26				08/29/1989				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number				olied For
22		27				~65-0145705	<u> </u>			Applicable
City & State	9	City & State	City & State			5. Certifcate of St	atus Desired		\$8.75 A	
23		28							Fee Rec	'
Zip	Country	Zip	Country	1		6. Election Campa	-		\$5.00	
24	25	29 30	L			Trust Fund Cor			Added to	Fees
Name and Address of Current Registered Agent						10. Name and Add	dress of New K	egisterea A	lgent	
			81	Nam	8					
GALLICCHIO, GERRY			82	Stree	eet Address (P.O. Box Number is Not Acceptable)					
3906 WEBBER ST.			83	1					*	
SARASTOA FL 34232							J			
į.				City				FL	85 Zip C	,ode
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered										
l office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was autho	orized by	the col	poration	n's board of directors.	. I nereby accep	t the appoin	iment as reg	istered
	,, talling that, and accept the conget									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	istered Age	nt signatui	e required	when reinstating)		DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CH	ANGES TO OF	FICERS AN		
TITLE	PD	☐ DELETE	1.1 TITLE						Change	☐ Addition
NAME	GALLICCHIO, GERRY		1.2 NAME							1
STREET ADDRESS	3906 WEBBER ST.		1.3 STREE	TADDRES	s					i
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-S	ST-ZIP	<u> </u>					
TITLE	ST	☐ DELETE	2.1 TITLE						Change	☐ Addition
NAME	HEACOX, VIOLET		2.2 NAME							
STREET ADDRESS	3450 BROOKLINE DRIVE		2.3 STREE	TADDRES	s					
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-5	ST-ZIP		THE SECTION OF			Change	Addition
TITLE	VD	☐ ĐELETË	3.1 TITLE						Change	☐ Addition
NAME	PELHAM, BRENDA		3.2 NAME							
STREET ADDRESS	4790 CLEVELAND AVE., APT. B	-205	3.3 STREE	TADORES	s					
CITY-ST-ZIP	FT MYERS FL	and published in	3.4. CITY-5	ST-ZIP						CT Addition
TITLE	D .	☐ DELETE	4.1 TITLE		1				Change	Addition
NAME	WICKER, STEVE		4. 2 NAME							
STREET ADDRESS	6920 REX LANE		4.3 STREE		s					
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-S	T-ZIP	+				Change	Addition
TITLE		☐ DELETE	5.1 TITLE						☐ Cusinge	☐ MUORROUI
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE		8					
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP	1	•				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

☐ Addition