2002 UNIFORM BUSINESS REPORT (UBR) FILED May 24, 2002 8:00 am Secretary of State **DOCUMENT # N38654** See attached 1. Entity Name FORT ALAFIA ASSEMBLY OF GOD CHURCH, INC. 05-24-2002 91342 029 ****61.25 Fort Alasia Restoration Ministries, Inc Principal Place of Business Mailing Address 410 SWILLEY RD 410 SWILLEY RD HWY, 39 AND SWILLEY HWY. 39 AND SWILLEY PLANT CITY FL 33567 PLANT CITY FL 33567 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 For 59-2436023 Not Applicable Zìp Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - 6.-Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DIXON, RONALD C 3421 PORTER ROAD Porter 3425 PLANT CITY FL 33547 s statement for the p pose of changing its registered office or registered agent, or both, in the state of Florida 8. The above named **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change | Addition (9/01 TITLE ☐ Delete TITLE NAME _ DIXON, REV RONALD C. NAME 3425 Porter Pd Lithia FL 33547 STREET ADDRESS 3421 PORTER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LITHIA FL Change ☐ Addition TITLE Delete TITLE Bruner, Robert NAME NAME STREET ADDRESS STREET ADDRESS 19148 RED BIRD LN CITY-ST-ZIP CITY-ST-ZIP Lithia fl 33547 DS ☐ Delete TITLE ☐ Change ☐ Addition TITLE MARR. TOM NAME NAME STREET ADDRESS 2683 KEYSVILLE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LITHIA FL 33547 Addition Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of justee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver changed, or on an attachment

Date

Daytime Phone #

SIGNATURE: