2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N38978** May 17, 2000 8:00 am Secretary of State 1. Entity Name GENE WILLIAMS EVANGELISTIC ASSOCIATION, INC. 05-17-2000 90909 009 ****61.25 Principal Place of Business Mailing Address P.O. BOX 625 1875 OAK ST. CALLAHAN FL 32011-0625 CALLAHAN FL 32011 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 23-7037351 Not Applicable Zip Country Zip 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 Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, PAUL T 417 OAK STREET CALLAHAN FL 32011 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: **\$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 11. 10. Change Addition TITLE Delete TITLE WILLIAMS, GENE M. NAME NAME 20 JASMINE LANE STREET ADDRESS STREET ADDRESS **OXFORD GA 30054** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change WILLIAMS, TIMOTHY NAME NAME 1875 OAK'ST. STREET ADDRESS STREET ADDRESS CALLAHAN FL 32011 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete --- [Change ☐ Addition TITLE TITLE MCKINNEY, WILLIAM N NAME NAME 213 E. NORTHGATE STREET ADDRESS STREET ADDRESS IRVING TX CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE ANDERSON, BILL NAME NAME 19802 POWERSCOURT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HUMBLE TX** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE BUMGARDNER J.B. SR NAME NAME 2223 OAK STREET STREET ADDRESS STREET ADDRESS HOUSTON TX 77018 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition **BUNTEN, ART** NAME NAME 2533 LASALLE ST. STREET ADDRESS STREET ADDRESS **IRVING TX** CITY-ST-7IP 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 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

SIGNATURE:

with an address, with all other like empower