2004 NOT-FOR-PROFIT CORPORATION

Apr 22, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N43845 04-22-2004 90081 030 ****61.25 GOOD NEWS OF JESUS CHRIST FELLOWSHIP CHURCH OF FORT MYERS, INC. Principal Place of Business Mailing Address % JOHN LEDBETTER JR % John Ledbetter Jr 3640 MARION ST 3640 MARION ST FT MYERS, FL 33916-1708 FT MYERS, FL 33916-1708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01072004 Chg-NP CR2E037 (10/03) City & State City & State FEI Number 65-0236588 Applied For Not Applicable Country Zip Country \$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 LEDBETTER JR, JOHN Street Address (P.O. Box Number is Not Acceptable) 3640 MARION ST FT MYERS, FL 33919 Zip Code City 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 agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2004 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEDBETTER, JOHN JR NAME 3640 MARION ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS, FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition LEDBETTER, NORRIS D. NAME NAME 3640 MARION ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS, FL CITY-ST-ZIP SD Delete TITLE Channe ☐ Addition TITLE Harris, Chyanne NAME LINDSEY, CAROL 3640 marion ST ET myers 71 33916 STREET ADDRESS 4224 MICHIGAN AVE., APT 350 STREET ADDRESS FT. MYERS, FL 33916 CiTY-ST-ZIP CITY-ST-ZIP TITLE TD ~ Delete TITLE Change ■ Addition LEDBETTER, MARGARET NAME NAME STREET ADDRESS STREET ADDRESS 3640 MARION ST CITY-ST-ZIP FT MYERS, FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 suppliemental 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.

SIGNATURE:

FILED