Oct 01, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) **Secretary of State DOCUMENT # N44593** 09-10-2002 90218 001 \*\*\*\*61.75 1. Entity Name 09-10-2002 90218 002 \*\*\*\*61.75 GOOD SHEPHERD ASSEMBLY CHURCH OF GOD OF THE APOS TLES FAITH, INC. Principal Place of Business Mailing Address 2272 22ND ST P.O. BOX 48302 SARASOTA FL 34230 SARASOTA FL 34230 43339 3. Mailing Address
2272 22 NS STARET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 54KA507 City & State City & State 4. FEI Number Applied For Γ[A 65-0298219 Not Applicable SAKASA TA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent WALKER, ROSA L 1912 ORANGE AVE SARASOTA FL 34230 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 SIGNATURE After September 13, 2002, 9. Election Campaign Financing Make Check Payable to \$5.00 May Be min. will be \$236.25. Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change 8 NAME HILL BISHOP IVAN S NAME STREET ADDRESS ₹ 911 57: AVE: PLACE EAST STREET ADDRESS CTTY-ST-7IP BRADENTON FL CITY-ST-ZIP. ☐ Delete TITLE Addition HARRIS, JAMES L NAME NAME STREET ADDRESS 717 12TH ST. EAST STREET ADDRESS CITY - ST - 719 BRADENTON FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME ☐ Addition WALKER ROSALEE NAME STREET ADDRESS 1912 ORANGE AVE STREET ADORESS CITY-ST-7IF SARASOTA FL 34230 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition Stewart, John H NAME STREET ADDRESS 723 12TH STREET E STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIF Delete TITLE ☐ Change NAME ■ AddItion Walker, Rosa L NAME STREET ADDRESS 1912 ORANGE AVE. STREET ADDRESS CITY-ST-7IP SARASOTA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** 

FILED