2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2002 8:00 am Secretary of State **DOCUMENT # N47715** 1. Entity Name JACKSON HEIGHTS CHURCH OF CHRIST INCORPORATED 04-23-2002 90443 032 ****61.25 Principal Place of Business Mailing Address 3817 E. LINDELL AVE. 3817 E. LINDELL AVE. TAMPA FL 33610 **TAMPA FL 33610** 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 59-3114005 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WITTLE, MARCUS T. **4303 EAST 32ND AVENUE** F. 7 40 TAMPA FL 33603 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SUTTLE, MARCUS T. NAME NAME STREET ADDRESS STREET ADDRESS 1303 E. 32ND AVE CITY-ST-ZIP CITY-ST-ZIP Tampa Fl SD TITL F ☐ Delete TITLE Addition ☐ Change SUTTLE, JAMES JR. NAME NAME STREET-ADDRESS STREET ADDRESS 3005 E-23RD AVENUE CITY-ST-ZIP CITY-ST-ZIF TAMPA FL 33605 חד TITLE ☐ Delete TITLE ☐ Change ☐ Addition SUTTLE, GREGORY B. NAME NAME STREET ADDRESS STREET ADDRESS **4705 ASHMORE DRIVE** CITY-ST-7IP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME

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 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

4/11/02 (813) 626-0207