2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9300000189

1. Entity Name



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90273 001 ****61.25

Zip Country Zip Country 5. Certificate of Status Desired S.75 Ad Foo Requirer 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CELIO, ALBERT D 976 BREVARD AVE ROCKLEDGE FL 32955 City FL 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. I am familiar with a the obligations of registered agent. SIGNATURE Signatur, speed or printed name of registered agent and the Papoliciable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Address of New Registered Agent Andrews of Registered Agent and the Papoliciable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Address of Read in State of Florida Department of Sta		PTIST CHURCH, INC					
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 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 Floride. I am familiar with, a three obligations of registered agent. 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 Floride. I am familiar with, a three obligations of registered agent. 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 Floride. I am familiar with, a three obligations of registered agent. 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 Floride. I am familiar with, a three obligations of registered agent. 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 9. Election Campaign Financing 10. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 9. Election Campaign Financing 10. The Address (P.O. Box Number is Not Acceptable) 11. Address (P.O. Box Number is Not Acceptable) 12. Code 13. Address (P.O. Box Number is Not Acceptable) 14. Street Address (P.O. Box Number is Not Acceptable)		City & State					
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2. 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii).	SVILLE FL 32780 KLES, GINA WILSON OAK HOLLOW DR.	☐ Delete☐ Delete☐	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition	

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: