2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9300000779 Mar 08, 2000 8:00 am Secretary of State 1. Entity Name CHURCH OF CHRIST AT 1120 SOUTH THOMPSON AVENUE, 03-08-2000 90040 050 ****61.25 Principal Place of Business Mailing Address 1120 S. THOMPSON AVE. 1120 S THOMPSON AVE DELAND FL 32720-7449 DELAND FL 32720 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2483282 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MOBLEY, WILLIAM JR 101 ALEHTA DR DAYTONA BEACH FL 32114 Zip Code City FL 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) Make Check Payable to **\$5.00** May Be FILE NOW: Election Campaign Financing Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition Delete TITLE Change TITLE MOBLEY, STACEY NAME NAME STREET ADDRESS STREET ADDRESS 1494 SURREY PARK DRIVE CITY-ST-7IP CITY-ST-7IP PORT ORANGE FL 32124 Delete Change ☐ Addition TITLE TITLE NAME NAME MOBLEY, STACEY STREET ADDRESS STREET ADDRESS 1494 SURREY PARK DRIVE CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL 32124 ☐ Change ☐ Addition Delete TITLE TITLE MOBEY, WILLIAM A JR NAME NAME STREET ADDRESS STREET ADDRESS 101 ALETHAN DR CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL ☐ Change ☐ Addition Delete TITLE TITLE MOBLEY, STACEY L NAME NAME STREET ADDRESS STREET ADDRESS 101 ALETHA DR CITY-ST-ZIP DAYTONA BCH. FL 32114 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME TAYLOR, MICHAEL NAME 2861 SWEET SPRINGS STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE DELTONA FL 32738 Change ☐ Addition ☐ Defete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-00

904-322-7628

Daytıme Phone #