AMENDED COPY

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State
05-14-2001 90017 002 ****61.25
05-30-2001 90034 013 ****70.00

A0072288

DOCUMENT # N93000002940

1. Entity Name
SUNCOAST ASSEMBLY OF GOD OF HOLIDAY, INC.

Principal Place of Business
1949 VICEROY
HOLIDAY, FL., 34684
U.S.

Mailing Address
P.O. BOX 3966
HOLIDAY, FL., 34690

2. Principal Place of Business
1949 VICEROY
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 3966
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: HOLIDAY, FL.
Zip: 34684 Country: PASCO

City & State: HOLIDAY FL.
Zip: 34690 Country: PASCO

4. FEI Number: 59-3195232 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LANE, JEFFREY P.
105 So. MAYO ST.
CRYSTAL BEACH, FL., 34691

7. Name and Address of New Registered Agent
Name: MALCOR, PATRICK G.
Street Address (P.O. Box Number is Not Acceptable): 1041 RUSHMORE DR.
City: HOLIDAY FL Zip Code: 34690

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: PATRICK G. MALCOR, PRES, Patrick G. Malcor 5/22/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JEFFERY P. LANE P.O. BOX 742 CRYSTAL BEACH, FL., 34681 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MALCOR, PATRICK G. 1041 RUSHMORE DR. HOLIDAY, FL., 34690 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENSTEBECK, MIKE 3120 LATROBE ST. NEW PORT RICHEY FL 34653 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDT MALCOR, DOLORES M 1041 RUSHMORE DR. HOLIDAY, FL., 34690 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDT FEYERBEND, CATHERINE 3578 RIDGE BLVD. PALM HARBOR, FL 34684 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DOROTZAK, CHRISTOPHER 1041 RUSHMORE DR. HOLIDAY, FL 34690 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WEIDENBACHER, LINDA 7830 HAMLET DR. NEW PORT RICHEY, FL. 34653 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEMN, ENDALI 508 No. DISSTON TARPON SPRINGS, FL., ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANE, REBECCA P.O. BOX 742 CRYSTAL BEACH, FL., 34681 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: Patrick G. Malcor, Pres. — PATRICK G. MALCOR 5/22/01 727-944-5119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #