		FII F	NOW: FILING	FEE IS \$61.									
	NONP CORPO ANNUAL	ROFIT RATION	N RT	FLORIDA DEPARTM Sandra B. M Secretary (CONSIDENCE CO									
D	OCUME Corporation Na	ENT #	# N930000	004140 (0)									
1.	WORD AL	IVE OU	treach Christian	i fellowship inc.									
Principal Place of Business Mailing Address									[[[]]] [] [] [] [] [] [] []				
SOSA UNIVERSITY AVE. CANAGEMENT EL 2000 GAINESVILLE FL 32602													
3809 E. UNIVERSITY AVE GAINESVILLE FL 32602								3.	3. Date Incorporated or Qualified			95	
Principal Place of Business 2a. Mailing Address								4.	FEI Number 59-3213735		<u> </u>	pplied For ot Applicable	
21	Principal Flace	01 200 100		Suite, Apt. #, etc.						\$8.75	Additional		
	Suite, Apt. #, (etc.	ļ	27 Suite, Apt. #, 610.	alie, Apr. #, etc.				Certificate of Status Desired			equired	
22	City & State			City & State			6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees		
23	l	r	01.	Zip Country			В	This corporation has liability for it	ntangible ta	x under s.	199.032,		
i	Zip	-	Country	29	30			Florida Statutes Yes No 10. Name and Address of New Registered Agent					
24	9. Name and Address of Current Registered Agent						81 Name						
								/r	O. Box Number is Not Acceptab	le)			
LEE, JOHN D						82	Street Ac	kiross (f	ISS (F.O. DOX HOMEON STOCK WORKS				
4919 NE 2ND AVE.						83							
GAINESVILLE FL 32601						84	City			FI	_	o Code	
l					a the obe		amed cor	coration	submits this statement for the pur	rpose of ch	nanging its r	egistered office	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. It is accept the appointment as registered agent. It is acceptable to the appointment as registered agent. It is acceptable to the appointment as registered agent. It is acceptable to the appointment as registered agent. It is a complete the appointment as registered agent. It is a complete the appointment as registered agent. It is a complete the appointment as registered agent. It is a complete the appointment as registered agent. It is a complete the appointment as registered agent. It is a complete the appointment as a complete the appointme												agent. 1 am	
1	SIGNATURE Synature, types of printed name of registered agent abilities if applicable INOTE Register						nt signature rec	Quired when reinstatings ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
\vdash	12.	OFFICERS AND DIRECTORS					13.		ADDITIONS CHANGES TO OF		Change	Addition	
	TITLE	DP DELETE			1.1 TITLE 12 NAME								
- 1	NAME	LEE, JO	OHN D			1.3 STREET ADDRESS							
	STREET ADDRESS	ADDRESS 4919 NE ZND AVE					14 CITY - ST - ZIP				Change	Addition	
-	CITY-ST-ZIP	NO 1 CAINESVILLE HI 32MIL				2 1 TITLE					L1 onenge		
1	NAME	LEE LEPAICH D											
1	STREET ADDRESS 4919 NE 2ND AVE					2.3 STREET ADDRESS							
	CITY-ST-ZIP	OLINEONALE EL 22601					2 4 CITY - ST - ZIP 3 1 TITLE				☐ Change	Addition	
Ī	TITLE	DT DELETE				3 2 NAME							

CiTY-TITLE NAME STREE ÇITY-TITLE WALLACE, RHONDA M NAME 3 3 STREET ADDRESS 105 S. FRNAKLIN AVE STREET ADDRESS 34 CITY-ST-ZIP Change Addition ARCHER FL 32618 CITY - ST - ZIP DELETE 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP ☐ Change Addition CITY - ST - ZIP DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP Addition Change CITY - ST - ZIP DELETE 6 1 TITLE 62 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 14. 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further 14. 1 do hereby certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further

SIGNATURE: 🛫

STATUTE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR