Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **N93000004762** CHRISTIAN EDUCATIONAL MINISTRIES, INC. 01-18-2000 90094 027 ****61.25 Principal Place of Business Mailing Address 3401 NW 34 ST 3401 NW 34 ST STF 5 STE 5 **新国主义** GAINESVILLE FL 32605-2194 GAINESVILLE FL 32605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3201145 Not Applicable Zip Country Zip Country \$8.75 Additional 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) EPPERSON, ALISA S 3401 NW 34TH ST STE 5 Zip Code FL GAINESVILLE FL 32605 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 Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **D**elete ☐ Change Addition CH2E037 (9/99 TITLE TITLE Rhonda Hewitt 4908 NW 173 ST. NAME HENDERSON, FRED L NAME STREET ADDRESS STREET ADORESS 2253 N.W. 19TH LANE Alachua, F1 32615-2141 CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32605** Addition MSPD Delete TITLE ☐ Change TITLE EPPERSON, ALISA S NAME STREET ADDRESS 15309 NW 89TH ST. STREET ADDRESS CITY-ST-ZIP ALACHUA FL 32615 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ח ☐ Delete NAME BARRAM, ROBERT NAME STREET ADDRESS STREET ADDRESS 2103 NW 36 TERR CITY-ST-ZIP CITY-SY-ZIP **GAINESVILLE FL** ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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:

COLUMN TAIR ERFOURED

1-6-00 (352)371-1075