2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED DOCUMENT # N9400005664 May 24, 2000 8:00 am 1. Entity Name Secretary of State REJOICE CHRISTIAN FELLOWSHIP, INC. 05-24-2000 90194 036 ****61.25 Principal Place of Business Mailing Address 455 E. SPRINGTREE WAY 455 E. SPRINGTREE WAY LAKE MARY FL 32806-2212 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address 1214 HARDMAN DRIVE 214 HARDMAN DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3282231 ORLANDO, FLORIDA ORLANDO, FLORIDA Not Applicable \$8.75 Additional 32806 5. Certificate of Status Desired (U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICK SHEAROUSE Street Address (P.O. Box Number is Not Acceptable) [214 HARDMAN DENE SHEAROUSE, RICK 455 EAST SPRINGTREE WAY LAKE MARY FL 32746 OPLLANDO 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. PRESIDENT (PICK SHEARONSE) SIGNATURE Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DIRECTOR ☐ Change Addition Delete TITLE TITLE SAMUEL WALKER MARRONE, GARY NAME NAME 8060 EASTEX FREEWAY STREET ADDRESS STREET ADDRESS 1691 CANOE CREEK RD REAUMONT, TEXAS 77708 CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 **Change** ☐ Addition ☐ Delete TITLE TITLE PD NAME NAME SHEAROUSE, RICK 1214 HARDMAN DRIVE STREET ADDRESS STREET ADDRESS 455 E. SPRINGTREE WAY ORLANDO, FLORIDA 32806 CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 ☐ Addition Change Change **VPD** ☐ Delete TITLE TITLE NAME SHEAROUSE, JEANIE NAME 1214 HARDMAN DRIVE_ STREET ADDRESS STREET ADDRESS 455 E. SPRINGTREE WAY ORLANDO, FLORIDA 32806 CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32748 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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