2002 UNIFORM BUSINESS REPORT (UBR) FILED Jun 25, 2002 8:00 am Secretary of State DOCUMENT # N9500002138 1. Entity Name IN HIS IMAGE: A CHRISTIAN SACRED DANCE MINISTRY, 06-25-2002 90451 018 ****61.25 INC. Principal Place of Business Mailing Address CORNERSTONE CHRISTIAN CENTER P.O. BOX 486 PALM HARBOR FL 34698 317 MILWAUKEE AVE **DUNEDIN FL 34698** 2. Principal Place of Business 696 PARA DISC LANC Suité, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3326010 Not Applicable 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 Acceptable) Street Address (P. Beyer, Janet e 186 EARL ST **TARPON SPRINGS FL 34689** City 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 JANE SIGNATURE Signature, type (NOTE: Registered Agent signature required v Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (9/07 ☐ Addition ☐ Delete TITLE BEYER, JANET E NAME NAME STREET ADDRESS 186 EARL ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 VSD TITLE ☐ Delete TITLE Change ☐ Addition SMITH, SUSAN W NAME NAME 349 HIGHLAND RD STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition m ☐ Delete TITLE ☐ Change TITLE MOORE, CRYSTAL NAME NAME 2039 PEMBERTON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34655** ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

changed, or on an attachment

SIGNATURE:

with all other like empowered