FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 17, 2002 8:00 am Secretary of State DOCUMENT # N95000002633 9-17-2002 90091 048 ****61.25 THE PROGRESSIVE CHURCH OF GOD IN CHRIST, INC. Principal Place of Business Mailing Address 489 SHILOH ROAD 404 S OAK STREET QUINCY FL 32351 VALDOSTA GA 31605 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3319522 Not Applicable Country Country \$8.75 Additional Zip Zip 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) WALTERS, ALEXANDRIA 489 SHILOH ROAD QUINCY FL 32351 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to After September 13, 2002, **Department of State** Trust Fund Contribution. Added to Fees min. will be \$236.25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Weaver, I, Charles Edward Bithange TITLE PO PD ☐ Delete WEAVER, II, CHARLES EDWARD ELDER NAME STREET ADDRESS 3127 SOUTH FULMER CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 Change ☐ Addition Delete TITLE TITLE weaver, Katherine J NAME NAME STREET ADDRESS 3127 SOUTH FULMER CIRCLE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-7\P Addition ☐ Delete TITLE TITLE WALTERS, ALEXANDER E NAME NAME STREET ADDRESS 489 SHILOH RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP QUINCY FL 32351 ☐ Addition Change Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IE

TITLE

NAME

☐ Delete

Change

☐ Addition

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