2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am - Secretary of State DOCUMENT # N9500003129 1. Entity Name MUSICAL LIGHT OUTREACH, INC. 4-17-2001 90179 005 ****61 Principal Place of Business Mailing Address 638 BYRD CREEK RD 638 BYRD CREEK RD SNEEDVILLE TN 37869 SNEEDVILLE TN 37869 C0047446 2. Principal Place of Business 3. Mailing Address 2403 OLD KINGSEN PIKS >0 M2 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0623551 KNOYVILL Not Applicable Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **BROSIUS, JOHN D** 3356 ROYAL PALM DR JACKSONVILLE FL 32250 City 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. **SIGNATURE** FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Chance ☐ Addition ☐ Delete TITLE BROSIUS, JOHN D NAME NAME STREET ADDRESS STREET ADDRESS 2434 WATERSIDE CIR CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL D TITLE ☐ Change Addition TITLE ☐ Delete NAME PERRY, WILLIAM E JR. NAME STREET ADDRESS STREET ADDRESS 5210 GARDEN AVENUE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Delete TITLE ☐ Change ■ Addition NAME CRONIN, DAVID A NAME STREET ADDRESS 110 SANTA CRUZ AVENUE STREET ADDRESS CITY=ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete TITLE Change Addition NAME SODER, JEROLD L STREET ADDRESS 5210 GARDEN AVENUE STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP WEST PALM BEACH FL 33405 Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 in stee 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 at ether like empowered.

REJUNABROSIUS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

PRSSIDENT