2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 25, 2000 8:00 am DOCHMENT#85 N96000000685 1. Entity Name **Secretary of State** CHRISTIAN CHURCH NORTH AMERICA SOUTHERN DISTRICT 07-25-2000 90002 038 ****70.00 CHRISTIAN CHURCH OF NORTHOUTHERNADISTRICT Principal Place of Business Mailing Address 442 Trinidad Lane 442 Trinidad Lane A0069516 Largo, Fl. 33770 Largo, Fl 33770 2. Principal Place of Business 3. Mailing Address Same as above Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 593438205 Not Applicable Zip Zip 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) Rev. Douglas Bedgood 442 Trinidad Lane Zip Code ۴L 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. Rev. Douglas Bedgood District Overseer June 16, (NOTE: Registered Agent signature required when reinstating) 2000 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITI F ☑ Delete TITLE Change X Addition Overseer Rev. Douglas Bedgood NAME NAME Rev. Douyglas Bedgood 442 Trinidad Lane STREET ADDRESS STREET ADDRESS Largo, Fl CITY-ST-ZIP 33770 CITY-ST-ZIP Largo Fl 33770 Addition TITLE TITLE ☐ Change Q Delete Sec & Treas NAME NAME Rev William Nash STREET ADDRESS STREET ADDRESS Thomas Mitchell CITY-ST-ZIP CITY-ST-ZIP ■ Delete Change Addition TITI F Presbyter NAME NAME William Meisgeier STREET ADDRESS STREET ADDRESS Rev. David Troesch CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS 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

☐ Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

STREET ADDRESS

6/16/2000

727-559-478

☐ Addition

☐ Change