2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 28, 2003 8:00 am Secretary of State DOCUMENT # **N96000004406** 04-28-2003 91378 028 ****70.00 CHRIST THE KING C.E.C. INC. Mailing Address Principal Place of Business 2105 PALM BAY RD., N.E. 2105 PALM BAY RD., N.E. #2W PALM BAY FL 32905 PALM BAY FL 32905 UŞ LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-3390624 Applied For City & State Not Applicable Zip Country Zip 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 INGRAM, ROSCOE D Street Address (P.O. Box Number is Not Acceptable) 2323 APACHE DR **MELBOURNE FL 32935** 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE, NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ٠, 🐉 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DS Delete TITLE Change ☐ Addition TITLE WOODMANSEE, JASON NAME NAME 6520 SOUTH DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32904** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE INGRAM, ROSCOE D. NAME NAME STREET ADDRESS 2323 APACHE DRIVE STREET ADDRESS CITY-ST-ZIP MELBOURNE FL CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE KIPPENY, LENORA NAME NAME 3360 TURTLEMOUND ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MELBOURNE FL 32934** CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE INGRAM, SERAMAE NAME NAME 2323 APACHE DRIVE STREET ADDRESS STREET ADDRESS MELBOURNE, FL: 32935; CITY:ST-71P CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE

12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

4/23/03 321.254.2204

FILED