FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # N9600004706 1. Entity Name COMMUNITY BIBLE CHAPEL, INC. OF POLK COUNTY 04-26-2001 90317 022 ****61.25 Principal Place of Business Mailing Address 1642 W LAKE WALES ATT RD P.O. BOX 405 ALTURAS FL 33820 ALTURAS FL 33820 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number NOT APPLICABLE 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 Street Address (P.O. Box Number is Not Acceptable) FRODGE, FRANCES 1642 W LK WALES ALTURAS RD ALTURAS FL 33820 City Zip Code F 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition Delete TITLE ☐ Change TITLE FRODGE, FRANCES NAME NAME 1642 W LAKES WALES/ ALTURAS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ALTURAS FL 33820 TITLE ☐ Delete TITLE Change ☐ Addition STICKLEN, MARY NAME NAME STREET ADDRESS STREET ADDRESS 3507 AVE S N.W CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33881 D Delete TITLE Change ☐ Addition TITLE DISCHER, EDWARD NAME NAME STREET ADDRESS 230 W LK WALES/ALTURAS RD STREET ADDRESS CITY-ST-ZIP ALTURAS FL 33820 CITY - ST - ZIP Change TITLE ☐ Delete TITLE Addition DISCHER, ANNA NAME NAME 230 W LK WALES/ALTURAS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIF ALTURAS FL 33820 CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE FRODGE, DAN NAME NAME STREET ADDRESS 1642 W. LK WALES ALTURAS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTURAS FL 33820 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMA OFFICER OR DIRECTOR

12. Thereby 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