プレスプインひょうひひをオーリンサージ / ひ・ひひージ / ひ・ひひ 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9600005441 SECRETARY OF STATE CORPORATIONS AMAZING GRACE BAPTIST CHURCH OF LAND O'LAKES, FL 00 SEP 25 PM 3: 30 14.2 C. 64 Mailing Address Principal Place of Business C/O BILL WIGGINS CHURCH 27137 FOAMFLOWER BLVD 3437 FALLVIEW CT WESLEY CHAPEL FL 33544 LAND O'LAKES FL 34639 us 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3408229 Not Applicable \$8.75 Additional Country Zip Country 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) WIGGINS, BILL 3437 FALLVIEW CT. LAND O'LAKES FL 34639 Zip Code City 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May 8e Atter September 13, 2000 min. will be \$236.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ☐ Change Addition TRA-☐ Oelete TITLE Treasureiz TITLE Marilyn Marshall 3205 Monlight St. Τ WIGGINS, BILL NAME NAME CR2E037 3437 FALLVIEW CT : Committee STREET ADDRESS STREET ADDRESS CITY ST 717 3 " CITY-ST-ZIP LÀND O' LAKES FL ☐ Change ☐ Addition Delete TITLE Moore, Kenneth NAME NAME STREET ADDRESS 3835 EASTLAKE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF LAND O' LAKES FL Change - 🗀 Addition TIDE TILLE ☐ Delete MARSHALL, EDWARD MALGE NAME STREET ADDRESS 3205 MOONLIGHT ST STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL ☐ Change ☐ Addition TITLE TITLE Deleta NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE MARKE STREET ADDRESS STREET ADORESS CITY-ST-71P CITY-ST-2IP

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 logal 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.

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE HAME

STREET ADDRESS

US

☐ Dalete

☐ Change

Addition