2001 UNIFORM BUSINESS REPORT (UBR)

Jul 31, 2001 8:00 am DOCUMENT # N9600005811 **Secretary of State** 1. Entity Name 07-31-2001 90239 023 ****61.25 THE GATHERING COMMUNITY CHURCH, INC. Principal Place of Business Mailing Address 4318 FARRELL LANE 4318 FARRELL LANE ORLANDO FL 32812 ORLANDO FL 32812 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3409513 Not Applicable 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 PFLEIDERER, SPENCER T Street Address (P.O. Box Number is Not Acceptable) 4318 FARRELL LANE ORLANDO FL 32812 City Zip Code FL 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition PFLEIDERER, SPENCER T NAME NAME STREET ADDRESS 4318 FARRELL LANE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32812 CITY-ST-ZIP TD TITLE XX Delete TITLE SCHULTZ, CARTER NAME NAME STREET ADDRESS 538 S. EOLA DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition GRAY, DAN NAME NAME 3225 HIDALGO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -ORLANDO FL 32812 -CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS

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. (467)

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

FILED