2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

May 14, 2001 8:00 amg Secretary of State DOCUMENT # N9700000565 1. Entity Name 05-14-2001 90273 049 ****61.25 EASLEY & ASSOCIATES CHRISTIAN DEVELOPMENT, INC. Principal Place of Business Mailing Address 511 CLEAR LAKE AVE 511 CLEAR LAKE AVE C0065352 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0723381 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 Name Street Address (P.O. Box Number is Not Acceptable) EASLEY, OLIVIA E 511 CLEAR LAKE AVE WEST PALM BEACH FL 33401 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. (NOTE: Registered Agent signature required when reinstating) DATE **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE □ Delete TITI F Change ☐ Addition EASLEY, OLIVIA E NAME NAME STREET ADDRESS 511 CLEAR LAKE AVE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-7IP DVS TITLE Delete TITLE Change ☐ Addition SMITH, DENISE NAME NAME 511 CLEAR LAKE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP Coyo, PATRICE M Change 1986 -MATTYOALEDRIVE ALLAHASSEE FL 32311 ☐ Delete TITLE FLOYD, PATRICE M NAME NAME STREET ADDRESS 1505 W HEARON ST STREET ADDRESS CITY-ST-7IP TALLAHASSEE FL 32310 CITY-ST-ZIE TITLE ☐ Delete ☐ Addition NAME RICKS, CHARLES NAME STREET ADDRESS 1109 N AUSTRALIAN AVE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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