05-21-2001 90341 043 ****61.25

Applied For

Zip Code

Not Applicable

DO NOT WRITE IN THIS SPACE

DOCUMENT # N9700001060

1. Entity Name

BIBLEWAY LIGHTHOUSE CHURCH OF CHIPLEY, INC.

| Princ | ipal P | lace of | Busines |
|-------|--------|---------|---------|
| 1042 | HWY | on F | |

Mailing Address

CHIPLEY FL 32428

City

Zip

SIGNATURE

PO BOX 53 CHIPLEY FL 32428

| 2. | Principal Place of Busines |
|----|----------------------------|
| | Suite, Apt. #, etc. |

CHIPLEY FL 32428

3. Mailing Address Suite, Apt. #, etc.

| | _ [|
|---------|----------|
| & State | City & S |

Country

state

| , | |
|---------|--|
| Zip | |

4. FEI Number

| | 59- | 343 | 208 |
|--|-----|-----|-----|
| | | | |

5. Certificate of Status Desired

\$8.75 Additional

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent-

WHITE, LLOYD G 1578 HIGHWAY 90 WEST

Signature, typed or printed name of registered agent and title if applicable

City

(NOTE: Registered Agent signature required when reinstating)

Country

Street Address (P.O. Box Number is Not Acceptable)

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.

FILE NOW:

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

DATE

Trust Fund Contribution. FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAME WHITE. LLOYD G NAME STREET ADDRESS STREET ADDRESS 1578 HIGHWAY 90 WEST CITY-ST-ZIP CITY-ST-ZIP CHIPLEY FL 32428 Change ☐ Addition TITLE ☐ Defete TITI F NAME NAME WHITE, ONA F STREET ADDRESS STREET ADDRESS 1578 HIGHWAY 90 WEST CITY-ST-ZIP CITY-ST-ZIP CHIPLEY FL 32428 Change ☐ Addition ☐ Delete TITLE TITLE WHITE, STEPHEN R NAME NAME STREET ADDRESS STREET ADDRESS 3646 YATES SETTLEMENT ROAD CITY-ST-ZIP CITY-ST-ZIP CARYVILLE FL ☐ Addition Delete TITLE TITLE 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE: