2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 25, 2002 8:00 am Secretary of State DOCUMENT # N9700001471 1. Entity Name CHRISTIAN GENERATION CENTER OF HOPE, INC. 06-25-2002 90453 008 ****61.25 Principal Place of Business Mailing Address 1434 PRESCOTT STREET 413 22ND AVENUE S.E. ST PETERSBURG FL ST PETERSBURG FL 33705 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 NOT APPLICABLE Not Applicable Zip Zip Country 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) PENNINGTON, CLARICE 413 22ND AVENUE S.E. ST PETERSBURG FL 33705 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. VOID PRIM SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 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 Change ☐ Addition PENNINGTON, BERNARD NAME NAME 413 22ND AVE S.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33705 CITY-ST-ZIP AS-D TITLE ☐ Delete TITLE ☐ Addition Change FERGUSON, ARCHIE NAME STREET ADDRESS 3972 38TH ST SOUTH STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33711 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition HOPKINS, NELSON S NAME 2401 15TH AVE S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33712 CITY-ST-ZIP TD ☐ Delete TITLE Change ☐ Addition BLAND, WILLIE J NAME NAME STREET ADDRESS 6045 14TH ST S. STREET ADDRESS ST PETERSBURG FL 33705 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

June 19, 2002; (727) 123-3 253