2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
May 12, 2003 8:00 am
Secretary of State
04-24-2003 90113 035 ****61.25

DOCUMENT # N97000003376

1. Entity Name
COMMISSIONED INTERNATIONAL CHURCH, INC.

55039830

Principal Place of Business	Mailing Address
608 W. OAKLAND AVE OAKLAND FL 34760	P.O. BOX 751 OAKLAND FL 34760

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	P.O. Box 930
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: OAKLAND FL
Zip / Country	Zip: 34760 / Country: ORANGE

4. FEI Number 59-3451478 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOWLER, JOSHUA 13949 FOX GLOVE STREET WINTER GARDEN FL 34787	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, WENDELL 10187 CLARCONA-OCEE RD. APOPKA FL 32703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT JOSHUA P. FOWLER 13549 FOX GLOVE ST. WINTER GARDEN, FL 34787	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATSON, JIM 16833 ALPHA AVE MONTVERDE FL 34756	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICE-PRESIDENT RALPH ANDERSON 8738 PISA DR.- APT 628 ORLANDO, FL 32810	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRALAND, DARRYL 550 S BLUFORD AVE OCOEE FL 34761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SECRETARY ASHLEY FOWLER 13949 FOX GLOVE ST. WINTER GARDEN, FL 34787	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREASURER STEVE ALDERMAN 14317 PINE CONE TRAIL CLERMONT, FL 34711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIRECTOR DANA OLMSTED 608 W. OAKLAND AVE OAKLAND, FL 34760	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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.

SIGNATURE: Signature Required 4-15-03 407-654-3344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #