FILE NOW: FILING FEE IS \$61.25

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT FILED Secretary of State DIVISION OF CORPORATIONS 1998 JUN 29 PM 2: 28 DOCUMENT # SECRETARY OF STATE Christian Center Suc TALLAHASSEE, FLORIDA Mailing Address 3. Date Incorporated or Qualified 10/10 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? Y Yes ■ No 8. This corporation owes or has paid the current year Intangible ☐ Yos 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Cily 84 Zip Code 85 11. Pursuant to the provisions of Sections 617 (Mo) and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporations board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE of registeren agent and title if applicable (NOTE Registered Agent signature required wiver reinstating) 12. OFFICERS AND DIBERTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE ☐ Change ☐ Addition NAME 1.2 NAME 32341 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CHY-S1-ZiP TITLE Change Addition 2.1 HILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STHELT ADDRESS CITY-ST-ZIP 3.4. C/TY - \$1 - Z/P D) 🗆 ÜELETE TITLE 4 1 1111.6 ☐ Change ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 100002575151--1 -06/29/98--0日(@ee-0回Addiso ******61.25 ******61.25 CITY-ST-ZIP 4.4 CHY-ST-ZIP TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP DULLETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CiTY+ST-ZIP 14. If 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empoward to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: