2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

FILED DOCUMENT # N97000007046 May 02, 2000 8:00 am **Secretary of State** OLD PATHS HOLINESS CHURCH, INC. 05-02-2000 90081 003 ****61.25 Principal Place of Business Mailing Address 1451 SE 32ND AVENUE 1451 SE 32ND AVENUE OKEECHOBEE FL 34974 OKEECHOBEE FL 34974-6520 2. Principal Place of Business 3. Mailing Address 1115 NW 4th Street 1115 NW 4th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0800231 Okéechobee, Okeechobee. Fl. Not Applicable Zip 34972 Country \$8.75 Additional 5. Certificate of Status Desired 34972 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent D. Steven Crews Street Address (P.O. Box Number is Not Acceptable) HARE, ROGER D 1451 SE 32ND AVENUE 1115 NW 4th St. OKEECHOBEE FL 34974 Zip Code Okeechobee, 34972 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 (NOTE, Registered Agent signature required when reinstating 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE Detete TITLE NAME HAZELLIEF, WILSON NAME STREET ADDRESS STREET ADDRESS 445 NE 70TH RD CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34974 TRD ☐ Delete TITLE ☐ Change ☐ Addition TITI F HARE, ROGER D NAME NAME STREET ADDRESS STREET ADDRESS 1451 SE 32ND AVE CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34974 CTRD CDTR ☐ Delete TITLE Change ☐ Addition TITLE D. Steven Crews NAME CREWS, D. STEVEN NAME 2935 Kings Ferry Road STREET ADDRESS STREET ADDRESS 8236 WEST THIRD AVE. Hilliard, Fl. 32046 CITY-ST-ZIP CITY-ST-ZIP HILLIARD FL 32046 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

D. Steven Crews

Daytime Phone #

(863)763-1408