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

FILED May 30, 2002 8:00 am Secretary of State

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	cepis and piec	EPIS, INC.				, .				
										
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2. Principa	I Place of Business	3. Mailing Address					٠.		S	
4745 TACKSON BLUFF RD. 4745 JACKSON Suite Apt. #, etc.			v Bl	UFF	RO.	$oldsymbol{eta}$				
Suite, Apt. #, etc. LOT = 108 LOT = 108						DO NOT WRITE IN THIS SPACE				
City & State City & State						4. FEI Number	·:		I American	
	YASSEE	TALIAHASSEE				S9-350/285 Applied For Not Applicable				
Zip 3231	Country	Zip	Co	untry		5. Certificate of			75 Additional	
ادعن	10 U.S.A.	32310	U.	S.A.				Fee	Required	_ } .
				Name		. Name and Add		Registered Age	ent	
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IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable)					7	
				474	45 TA	MKSAN P	1.50			
				City					EI Zip Code	
8. The above	e named entity submits this statement for	the ourses of changing its	egistor	//	HIAKA	3566			32310	
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SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE:	Registered	Anno sinnet	ura required wh	an minus six b	<i>Y</i>	1-16-1	2	- {
						un nerstaurg)	· · · · · · · · · · · · · · · · · · ·	DATE		
•	FEE IS \$61.25	9. Election Cam	naign Fi	nancina	•	E 00	84-1	- Charl D		
	initial or Amended UBR	Trust Fund Co	ntributio	λη.		5.00 May Be idded to Fees	mar De	e Check Pay partment of	/able to State	- 1
10.	OFFICERS AND DIRE	CTODS							-	
TITLE	PASTOR - D	:CIONS	TITLE							
NAME	PAUL S. Holmes	ç	NAME	i		•	•			707
STREET ADDRESS City-St-Zip	4745 JACKSON BLU	RE RD, LOT 108	STREE	ADDRESS				•		= =
	TAMAHASSEE, FL.	323/0	CITY-	ST-ZIP						CR2E037B (12/01)
TITLE Name	ASSISTANT PASTOK	<u>-</u> D	MILE	.				,		
STREET ADDRESS	SHIRLEY M. HOLM 4745 JACKSON BLUF	E ON LOTINU	NAME	ADDRESS					,	12
TY-ST-ZIP	TAILAHASSEE, FL	323/0	CITY-S		ر دینچه ب د ،	المجاجدة الما	پاوستۇنىڭ بەر دېلىرمنام	المنتار بالمستجر عبيما		
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IAME Treet address	SYLVIA HAIL-ST.		NAME			•				-
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ITLE	, , , , ,	J& J U 7	TIFLE	-	 -				*	
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TY-ST-ZIP			CITY-ST							
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REET ADORESS		ļ	NAME							
TY-ST-ZIP		Į.	STREET A	• !	•	•				
I hereby co	ertify that the information supplied with this on this report or supplemental report is tru	s filing does not qualify for the			l in Section	110.02(2)(2)	Ide Oran			4
indicated o	on this report or supplemental report is tru	e and accurate and that my s	ignature	shall have	e the same	iegal effect as if	rua Statutes. I für Made under soch	ther certify that I	the information	1

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 attachment with an address, with all other like empowered.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNAM OFFICER OR SUPPOSTOR

4-16-02

Daytime Phone #