2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **N98000001638** 1. Entity Name THE SHARE HIS LOVE MISSIONS, INC. Principal Place of Business Mailing Address 1930 N.W. 12TH ROAD 1930 N.W. 12TH ROAD GAINESVILLE FL 32605 GAINESVILLE FL 32605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 31-1594729 Zip Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name WILLOCKS, ROBERT MAX Street Address (P.O. Box Number is Not Acceptable) 1930 N.W. 12TH ROAD **GAINESVILLE FL 32605**

FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90094 016 ****61.25

☐ CHECK HERE IF MAKING CHANGES Applied For Not Applicable \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61,25 Trust Fund Contribution. П Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE ☐ Addition PARKER, JOHN A REV. NAME STREET ADDRESS 2110 N.W. 46TH STREET STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32605** CITY-ST-ZIP STD ☐ Delete TITLE Change ☐ Addition WILLOCKS, NEYSA F NAME 1930 N.W. 12TH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZiP→ GAINESVILLE FL 32605 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition PRUITT, WILLIAM H DR. NAME STREET ADDRESS 5621 N.W. 34TH STREET STREET ADDRESS CITY-ST-7IP **GAINESVILLE FL 32653** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition WILLOCKS, ROBERT MAX NAME STREET ADORESS 1930 N.W. 12TH ROAD STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32605 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition LONG, HOWARD NAME 6114 N.W. 33RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32653 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition OPPELT, HERMAN NAME STREET ADDRESS 18311 N.W. 28TH PL STREET ADDRESS NEWBERRY FL 32669-2150 CITY-ST-ZIP

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.

10.

TITLE

NAME

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FRT MAX WILLOGKS

352-377-1624

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