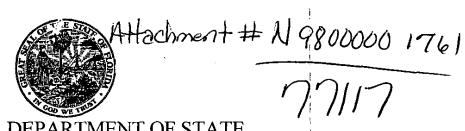
2001 UNIFORM BUSINESS REPORT-(UBR)

Secretary of State DOCUMENT # 06-20-2001 90004 002 ***158.75 einiM wolth Principal Place of Business 200 Sandestin have #708 77117 Destin, FL. 32550 2. Principal Place of Business 200 Sambosti DO NOT WRITE IN THIS SPACE ገዕጸ Applied For Not Applicable \$8,75 Additional Mealoosa Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Sandestin Leve # 708 Destin, FL. 32550 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. **SIGNATURE** (NOTE: Registered Agent signesure required when FILE NOWILL FEE 18:\$150.00 9. This corporation is eligible to satisfy its Intengible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001. Fee will be \$550.00-Trust Fund Contribution, .(See criteria on back)... Wake Gheck Payable to Department of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IME TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - 51 - 2/P CITY-ST-ZP Addition TITLE TITLE . ☐ Change MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS 13-050 CITY_ST-ZIP_ CITY-57-7# TITLE Change ☐ Addition M) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-72P CITY-ST-ZIP TILE NAME NUE STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NUMBE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

FILED Jul 31, 2001 8:00 am



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

July 11, 2001

OUTFLOW MINISTRIES, INC. P.O. BOX 1056 FT. WALTON BEACH, FL 32549

Subject: OUTFLOW MINISTRIES, INC.

Reference N98000001761 Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report has not been filed and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/GS ANNUAL REPORTS SECTION