FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # N9800004521 INNER CITY COMMUNITY CHURCH, INC. 04-11-2001 90046 038 ****61.25 Principal Place of Business Mailing Address 4932 HOLLY BAY WAY 4932 HOLLY BAY WAY ORLANDO FL 32829 ORLANDO FL 32829 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3527858 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GAUITER, HAGGEO JR. 4932 HOLLY BAY WAY ORLANDO FL 32829 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 Signature, typed or printed name of registered agent and title if applicable. (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** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **D**/ Addition ☐ Change TITLE Detete TITLE Thomas Swartwood 1920 woodcrest Drive #2 GAUTIER, HAGGEO JR NAME NAME 4932 HOLLY BAY WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Winter Park, FL 32792 ORLANDO FL 32829 ☐ Change Addition TITLE Delete TITLE Connie Swartwood RIOS, CARLOS NAME NAME 1920 Woodcrest Drive #2 STREET ADDRESS STREET ADDRESS 2748 JULIET DR 32792 CITY-ST-ZIP CITY-ST-71P Winter Park, FL DE HANA FL 32738 TITLE TITLE ☐ Change Addition Delete Grafton Marshall HOFFMAN, JEFF 8. NAME NAME. 816 W.Central Blvd. STREET ADDRESS STREET ADDRESS 8338 CRCACAS AVE CITY-ST-ZIP CITY-ST-ZIP Orlando FL 32805 ORLANDO FL 32825 TITLE ☐ Delete TITLE Change ☐ Addition NAME STEELE, HENRY M NAME STREET ADDRESS STREET ADDRESS 808 W CENTRAL BLVD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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

SIGNATURE: AGGO STATES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELLE DE