2001 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2001 8:00 am Secretary of State DOCUMENT # N9900000072 CHRIST BUILDERS NEW LIFE FELLOWSHIP, INCORPORATE 04-30-2001 90110 019 ****70.00 Principal Place of Business Mailing Address 642 EAST NELSON AVENUE PO BOX 73 **DEFUNIAK SPRINGS FL 32433** COURIDOR DEFUNIAK SPRINGS FL 32435 Principal Place of Business 3. Mailing Address Hwy 90 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 52-2149375 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HOLMES, TONIE C 285 VANN AVENUE **DEFUNIAK SPRINGS FL 32433** City Zip Code FI 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) DATE FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ₽D TITLE TITLE ☐ Delete Change Addition HOLMES, ALONZO NAME NAME STREET ADDRESS 42 FLORENCE STREET STREET ADDRESS CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435** CITY-ST-71P TITLE ☐ Delete TITLE Change Addition BEACH, HENRY T JR NAME NAME STREET ADDRESS 111 WEST CHAFFIN AVENUE STREET ADDRESS CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition HOLMES, TONIE C NAME NAME STREET ADDRESS 285 VANN AVENUE STREET ADDRESS CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435** CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition PAUL, KATINA D NAME NAME STREET ADDRESS **42 FLORENCE STREET** STREET ADDRESS CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435** CITY-ST-ZIE TITLE ☐ 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 changed, or on an attachment with an address, with all other like empowered. Holmes, Pres. 4-26-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR