2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N99000000892 May 09, 2000 8:00 am Secretary of State 1. Entity Name THE UNIFIED CHURCH OF GOD, INC. 03-08-2000 90041 043 ****70.00 Principal Place of Business Mailing Address 325 N CHRISTIAN ST 325 N CHRISTIAN ST STARKE FL 32091 STARKE FL 32091-3129 3. Mailing Address 2. Principal Place of Business Sunte, Apr. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional Bradfor 5. Certificate of Status Desired Fee Bequired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name (Narles 器をおし **Hnderson** Street Address (P.O. Box Number is Not Acceptable) ANDERSON! CHARLES 325 N CHRISTIAN ST nristian STARKE FL 32091 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. FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (66/6) Addition Detete TITLE Change TITLE Charles Anderson ANDERSON, CHARLES NAME NAME 418 N Christianst. Starke, Fl. 32091 325 N CHRISTIAN ST STREET ADDRESS CITY ST-ZIP CR2E037 STREET ADDRESS STARKE FL: 32091 CITY-ST-ZIP VI 12() D. Delete Change Addition TITLE Johnny Leneave 418 N. Christian Starke, Fl. 32091 USBEE ALLART: JACOBUS NAME 325 N CHRISTIAN ST STREET ADDRESS STREET ADDRESS STARKE FL 32091 CITY-ST-ZIP CITY-ST-7IP Addition Delete TITLE TITLE Roger Starling 218 N Christian ☐ Change FINLEY, CALLIS NAME NAME 325 N CHRISTIAN ST STREET ADDRESS STREET ADDRESS STARKE FL 32091 CITY - ST-ZIP CITY ST-ZIP Delete TITLE TITL F Change ☐ Addition ADKINSON, RUDY NAME 325 N CHRISTIAN ST STREET ADDRESS STREET ADDRESS STARKE FL 32091 CITY-ST-ZIP. CITY-ST-7IP ☐ Delete TITLE Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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 in 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.

SIGNATURE:

Mora 3 Day

904-964-9749

Date

Davtime Phone #