2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT#*N99000001427 Sep 14, 2000 8:00 am Secretary of State 1. Entity Name RESTORATION LIVE BREAKTHROUGH CHURCH OF GOD IN C 09-14-2000 90017 044 ****61.25 Principal Place of Business Mailing Address 5801 14TH STREET WEST 5801 14TH STREET WEST SUITE A SUITE A DOGGOTOI **BRADENTON FL 34207 BRADENTON FL 34207** 3. Mailing Address 2. 'Principal Place of Business' DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State \$5<u>0</u>903680 Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **CUNNINGHAM, JOHN ELDER** 5801 14TH STREET WEST SUITE A Zip Code City **BRADENTON FL 34207** 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** DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to \Box Trust Fund Contribution. After September 13, 2000 min. will be \$236,25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. John Cunningham, lst TITLE ☐ Delete TITLE NAME NAME 5801 14th street west STREET ADDRESS STREET ADDRESS suite C Bradenton F1 34207 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ■ Addition TITLE ☐ Delete Sabrina Cunningham 5801 14th street w NAME NAME STREET ADDRESS STREET ADDRESS Bradenton,F1 34207 CITY-ST-ZIP CITY-ST-7/P Change ■ Addition TITLE ☐ Delete TITI F Mary M. Phelps 3rd Linus Linus 3810 5th street-easter Latreasure NAME NAME STREET-ADDRESS STREET ADDRESS apt.#221Bradenton,F1 34203 CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

John Cunningham

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TEU NAME OF SIGNING OFFICER OR DIRECTOR

8-30-2000

Date

Daytime Phone #