## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2002 8:00 am Secretary of State DOCUMENT # N99000002142 1. Entity Name NEW ATTITUDE IN CHRIST JESUS, INC. 05-05-2002 90289 021 \*\*\*\*61.25 Principal Place of Business Mailing Address PO ROY 8431 P.O. BOX 8431 SOUTHPORT FL 32409 SOUTHPORT FL 32409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3567815 Not Applicable Zip Country 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 HILTON, ROSS H JR. Street Address (P.O. Box Number is Not Acceptable) 4004 STILLWATER DR. CHIPLEY FL 32428 City 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) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS(\$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete (9/01) TITLE ☐ Change **X** Addition HILTON, ROSS H JR. NAME NAME 4004 STILLWATER DR. STREET ADDRESS 957 Vist STREET ADDRESS **CR2E037** CHIPLEY FL 32428 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete PRICE, DONALD E NAME NAME 4792 HWY 90 EAST STREET ADDRESS STREET ADDRESS MARIANNA FL 32446 CITY-ST-ZIP CITY-ST-7IP <del>ي - به در پيد د</del> TITLE ☐ Delete TITLE SHOOTS, DONALD W NAME 5402 WHITNEY RD. STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32406 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

PETTIS, DALLAS M NAME 2822 RIVER RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE VERNON FL 32462 CITY-ST-ZIE TITLE Delete TITLE ☐ Change ☐ Addition Walker, William H Jr NAME 245 HUGH THOMAS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32404 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP

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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME

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4/18/07

850-113-212

Daytime Phone #