2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 10, 2000 8:00 am DOCUMENT # N99000002170 Secretary of State CHURCH OF CHRIST IN GLENWOOD, INC. 03-07-2000 90082 013 ****61.25 Principal Place of Business Mailing Address 708 E. 13TH ST. 708 E. 13TH ST. PANAMA CITY FL 32401-3352 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable \$8.75 Additional Country Zip Country 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) PORTER, MARVIN 928 S. KIMBREL AVE. PANAMA CITY FL 32404 Zip Code City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61,25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (66/6)☐ Delete TITLE TITLE NAME NAME TIMMIE B. FOY CR2E037 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PAMAMA CITY FL 52404 Willie C Blue 1209 LOUISIAN AVE Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS ดีก¥-รา• zัก Movema City, CITY-ST-ZIP William R. Carter Addition ☐ Change TITLE S/I) ☐ Defate TITLE NAME 5921 Havard Kul NAME STREET ADDRESS STREET ADDRESS Panuma CLIFE. 30404 CITY-ST-ZIP CHY-ST-ZIP ☐ Change Addition Oelete TITLE TITLE ENT E. Monroe Jr NAME NAME 5921 Howard STREET ADDRESS STREET ADDRESS F1. 32404 CITY-ST-ZIP Panama City CITY-ST-ZIE Addition ☐ Change ☐ Delete TITLE TITLE Xexes M. Snell NAME NAME 6521 Dlokee St. STREET ADDRESS STREET ADDRESS Paviama City, FL 32404 CITY-ST-ZIP CITY-ST-ZIP **Addition** ☐ Change TITLE TITLE De'ete NAME erall Sadler NAME STREET ADDRESS STREET ADDRESS 708E 13Th LT ·CITY-ST-ZIP PAN amz CITY CITY-ST-ZIP 32401 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 Anapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if