2002 UNIFORM BUSINESS REPORT (UBR)

May 15, 2002 8:00 am Secretary of State DOCUMENT # **N99000002942** 1. Entity Name DEDICATE YOUR CHILD BACK TO GOD, INC. 05-15-2002 90099 011 ****61.25 Principal Place of Business Mailing Address 4024 WATCH HILL RD. 4024 WATCH HILL RD. ORLANDO FL 32808 ORLANDO FL 32808 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 59-3641423 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 EADY, FAYBELLE F REV DR Street Address (P.O. Box Number is Not Acceptable) 4024 WATCH HILL RD. ORLANDO FL 32808 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 FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE (9/01) Change ☐ Addition Beamer, vivian m rev NAME NAME STREET ADDRESS 1219 S. LAKE AVE. STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP CITY-ST-ZIP TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition EADY, FAYBELLE F REV DR NAME STREET ADDRESS 4024 WATCH HILL RD. STREET ADDRESS CITY-ST-ZIF Orlando FL 32808 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BULLARD. CONNIE REV** NAME STREET ADDRESS 5040 N. LANE #43 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition EADY. BENNY G REV NAME NAME STREET ADDRESS. 4024 WATCH HILL RD. STREET ADDRESS City-St-7IP ORLANDO FL 32808 CITY-ST-ZIP TITLE Delete TITLE Change Addition SULLIVAN, TEVITT REV SR NAME NAME STREET ADDRESS 5422 TEMBER CHASE CT. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32811 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRADFORD, HEZEKIAH REV NAME NAME STREET ADDRESS 21 W 13TH STREET STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-ZIP

APOPKA FL 32703

SIGNATURE: AS CHARLES TECHNIC FOR AND TO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR