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| 2001 | UNIFURM  | <b>BUSINESS</b> | KEPUKI | (UBK) |

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SIGNATURE

## FILED Sep 13, 2001 8:00 am Secretary of State 1. Entity Name 09-13-2001 90012 027 \*\*\*\*61.25 THE FIRE HOUSE CHRISTIAN CENTER, INC. Principal Place of Business Mailing Address 203 W IBA STREET TAMPA FL 33603 12713 N NEBRASKA AVE **TAMPA FL 33612** 203 W. IDA Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3589670 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 1 5 A and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TINDALL: NATHANIEL W II 205 W DR MARTIN L KING JR BLVD **TAMPA FL 33603** 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State After September 12, 2001, min. will be \$236.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. (2/01)TITLE ☐ Delete TITLE ☐ Change Addition MARSHALL, WILLIE M NAME NAME 203 W IDA ST STREET ADDRESS STREET ADDRESS **CR2E037** CITY-ST-ZIP TAMPA FL 33603 CITY-ST-ZIP PVD TITLE ☐ Delete TITLE ☐ Addition MARSHALL, SONJA D NAME NAME STREET ADDRESS 203 W IDA ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33603 TREASURER ☐ Change Addition TITLE Delete TITLE Lewis, Tope Ka WASHINGTON, BETTY J NAME STREET ADDRESS 1016 E 26 AVE STREET ADDRESS 205 W. Ida Street CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33605 Tampa FE 33605 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

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813-866-0977