2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 28, 2000 8:00 am Secretary of State DOCUMENT # N9900005419 LIBERTY OAKS MINISTRIES, INC. 04-22-2000 90070 017 ****61.25 Principal Place of Business Mailing Address 8518 CROSS TIMBERS DR. WEST 8518 CROSS TIMBERS DR. WEST JACKSONVILLE FL 32244 JACKSONVILLE FL 32244 308861 2. Principal Place of Business 3. Mailing Address ABOVE AS Abou e SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired DUVa Fee Required uva 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BEATTY, DONNA C 8518 CROSS TIMBERS DR. WEST JACKSONVILLE FL 32244 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. **Department of State** After September 13, 2000 min. will be \$236.25 Added to Fees OFFICERS AND DIRECTOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. President ☐ Addition TITI F Delete TITLE Change DONNA C. Beatty 8518 CROSS TI MBERS Dr. W. NAME NAME STREET ADDRESS STREET ADDRESS JAX, F1. 32244 CITY-ST-ZIP CITY-ST-ZIP VICE President ☐ Addition ☐ Change TITLE ☐ Delete TITLE Bita Kirkuws NAME NAME 4621 Cedarwood STREET ADDRESS STREET ADDRESS JAX, F1, 32210 CITY-ST-ZIP CITY-ST-ZIF Sect. Treasure TITLE Delete ____ TITLE. Change - Addition Roger Beatty NAME NAME 8518 CROSS Timbers t STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

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

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6. Name and Address of Current Re	eglatered Agent	JU VIEL	7. Hame and Add	ess of New Registered Ap		
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BEATTY, DONNA C-		Street Addres	ss (P.O. Box Number Is N	ox modeptacle)	ويندن وتدوو	=======
JACKSONVILLE FL 32244		-City			Zip Code.	
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