FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 13, 2002 8:00 am Secretary of State P01000003971 DOCUMENT # 1. Entity Name 05-27-2002 90298 040 ***150 HERITAGE CHRISTIAN BOOKSTORES, INC. Principal Place of Business Mailing Address 5926 28TH ST S 5926 28TH ST S 41126 ST PETERSBURG FL 33712-4516 ST PETERSBURG FL 33712-4516 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip 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 CHANEY, CAROLYN R Street Address (P.O. Box Number is Not Acceptable) 5926 28TH ST S ST PETERSBURG FL 33712-4516 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 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 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TiT) E NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

102 (227) 864 3267 Daytime Phone #

Mercantile Bank

Attachment

<u>41126</u> #P01000003971

61304174

05/31/2002

PAYTO THE CADER OF MARY		59460	PAY TO THE ORDER OF _	Caralyn Chaney PA	108 11 5-2-02 5-1/000.00 DOLLARS & ELE 100000 (200000)
107		150.00	0108	05/02/2002	1,000.00
PAY TO THE ORDER OF BANK	CHRISTIAN BOOKSTORES, INC.	Chancer.			
109	05/28/2002	347.56			