04/30/2004 17:36 850-245-6015 DOS/SUPPORT

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2004 8:00 am
Secretary of State
05-07-2004 90113 008 ***163.75

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1. Entity Name

EVANGELINE ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
823 E. BROTHERS AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE, FLORIDA	City & State
Zip: 32901 Country: BREVARD	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 34-1984-935 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: TRAVIS L. BEAVER

Street Address (P.O. Box Number is Not Acceptable): 210 THOR AVE S.E. #103

City: PALM BAY, FL Zip Code: 32905

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: Travis L. Beaver 4-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $500.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☒ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHERRIE B. JAMES 823 E BROTHERS AVE MELBOURNE, FL 32901	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP-TRAVIS L. BEAVER 210 THOR AVE S.E. #103 PALM BAY, FL 32905	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S-TRALANDA L. SMITH 823 E. BROTHERS AVE. MELBOURNE, FL 32901	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T-TORRENCE L. SMITH 87 & CML CO 1/2 ACR FT. POLK, LA	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M-TIMOTHY L. SMITH 823 E. BROTHERS AVE MELBOURNE, FL 32901	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Cherrie B. James CHERRIE B. JAMES 04/30/04 (321)591-9917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #