| I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 | |
| above, or on an attachment with all other like empowered. | |

SIGNATURE: BRIAN THOMSON

I

Electronic Signature of Signing Officer/Director Detail

Entity Name: THE ST. PAULS UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

1591 HIGHLAND AVENUE MELBOURNE, FL 32935

Current Mailing Address:

1591 HIGHLAND AVENUE MELBOURNE, FL 32935

FEI Number: 59-0806592

Name and Address of Current Registered Agent:

CHILDS , SUZY L 1591 HIGHLAND AVE. MELBOURNE, FL 32935 US

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: | SUZY L CHILDS | | | 02/24/2015 |
|-------------------|--|-----------------|--------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Direct | or Detail : | | | |
| Title F | PD | Title | VD | |
| Name T | THOMSON, BRIAN | Name | KNEPPER, JAMES | |
| Address 2 | 2310 POLONIUS LANE | Address | 4725 N. US HWY 1 | |
| City-State-Zip: N | MELBOURNE FL 32934 | City-State-Zip: | MELBOURNE FL 32935 | |
| Title S | SD | Title | TD | |
| Name S | SPEIGHTS, LOUISE | Name | SMITH, JASPER A | |
| Address 1 | 1776 DODGE CIRCLE S | Address | 2091 MARYWOOD RD | |
| City-State-Zip: M | MELBOURNE FL 32935 | City-State-Zip: | MELBOURNE FL 32934 | |
| Title A | ATD | | | |
| Name C | GUTWEIN, JONALENE | | | |
| Address 5 | 5185 PERCHERON DRIVE | | | |
| City-State-Zip: N | MELBOURNE FL 32934 | | | |

Certificate of Status Desired: No

PRESIDENT

02/24/2015

FILED Feb 24, 2015 Secretary of State CC0621448164

Date