

DATE: 03/18/2008

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DESCRIPTION CERTIFICATE OF CONTINUED EXISTENCE (CCE)

FILING

EXPED 00 PENALTY .00 CERT

COP

Receipt

This is not a bill. Please do not remit payment.

EDWARD A. BLACK 5094 STRAWPOCKET LANE WESTERVILLE, OH 43081

## STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

643071

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

## **CHURCH IN JESUS CHRIST**

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

CERTIFICATE OF CONTINUED EXISTENCE

200807800612



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 12th day of March, A.D. 2008.

Ohio Secretary of State



## Prescribed by:

The Ohio Secretary of State Central Ohio: (614) 466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us e-mail: busserv@sos.state.oh.us

Expedite	Guis Form: (Salest Com)
Hall Form	to one of the Following:
Ove	PO Box 1390
OIP	Columbus, OH 43216
شيرها ``	es an arbitional fee of \$100 ***
<u></u>	PO Box 788
OM	Columbus, OH 43216

## CONTINUED EXISTENCE OF NONPROFIT CORPORATION

(For Nonprofit Domestic or Foreign) Filing Fee \$25.00

Statement of Continued	Existence (163-CCE)	(2) Wenification of Foreign The corporation is still actively en	-	(17/3-FCE) corporate privileges in Ohio
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If yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    If yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00    It yes, an amendment (form no. 565) must be filed with an additional	If yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00  (Name)  (Street) NOTE: P.O. Box Addresses are NOT acceptable.  (City) (County) (State) (Discounty)  (Street) NOTE: P.O. Box Addresses are NOT acceptable.  (City) (County) (State) (Dip Code)  ACCEPTANCE OF APPOINTMENT  (City) (County) (State) (Discounty) (State) (Discounty)  ACCEPTANCE OF APPOINTMENT  (In a statutory agent for said entity.  Signature: Edward A. Blad	If yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00  Be and Address of mid Agent of applicables  (Name)  (Street) NOTE: P.O. Bux Addresses are NOT acceptable.  (Chy) (County) (Study) (Zip Code)  Ideas the information in this section if box (1) is checked.  De and Address of and Address of sent Agent  (Steet) NOTE: P.O. But Addresses are NOT acceptable.  (Chy) (County) (Study) (Zip Code)  Address of sent Agent  (Steet) NOTE: P.O. But Addresses are NOT acceptable.  (Study) (Zip Code)  ACCEPTANCE OF APPOINTMENT  ACCEPTANCE OF APPOINTMENT  ACCEPTANCE OF APPOINTMENT  (Statutory agent for Chy and Addresses and Not acceptable.  (Statutory agent for Chy and Addresses and Not acceptable.  (Statutory agent)  RECURRED  be authenticated (signed)  authorized representative  CANA 12, 5 8	Complete the information in this s Has your principal location or	section if box (2) is a	checked.				
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flust be authenticated (signed)  was authorized representative  CMay 12. 0	igned) Eliza of A. Black Cmax 12.08	e Instructions) Authorized Representative Date	Must be authenticated (signed) by an authorized representative	Elwan	S A. Bluck	Cma	L12.08		
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