

## 07/07/2008 02:18:05PM FILED/CERT UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Bill Hairston III (205) 328-4600 B. SEND ACKNOWLEDGMENT TO: (Name and Address) William B. Hairston III ENGEL HAIRSTON & JOHANSON, P.C. P.O. Box 11405 Birmingham, Alabama, 35202 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE # This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the 2001-25448 continued by 200601130000218000 Judge of Probate, Shelby County REAL ESTATE RECORDS. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Please refer to the detailed instructions DELETE name: Give record name ADD name: Complete item 7a or 7b, and also item 7c; in regards to changing the name/address of a party. to be deleted in item 6a or 6b. also complete items 7e-7g (if applicable). 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME INVERNESS VINEYARD CHURCH (f/k/a THE INVERNESS VINEYARD CHRISTIAN FELLOWSHIP) 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 7c. MAILING ADDRESS CITY POSTAL CODE STATE COUNTRY ADD'L INFO RE 7d. SEEINSTRUCTIONS 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID#, if any **ORGANIZATION DEBTOR** NONE 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here 🔲 and enter name of DEBTOR authorizing this Amendment, 9a. ORGANIZATION'S NAME COLONIAL BANK 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 10.OPTIONAL FILER REFERENCE DATA

D-5700