A. NAME & PHONE OF CONTACT		
	Phone (800) 331-328	2 Fax (818) 662-4141
B. SEND ACKNOWLEDGEMENT TO	D: (Name and Mailing Address)	15926 COLONIAL BANK
CT Lien Solutions P.O. Box 29071 Glendale, CA 912		18953948 ALAL FIXTURE
1a. INITIAL FINANCING STATE	MENT FILE #	
1999-45114 11/02/99		

ASSIGNMENT (full or partial); Give name of assignoe in item 7a or 7b and address of assignee in 7c, and also give name of assignor in item 9.  AMEDIMENT (PARTY INPORMATION): This Amendment affects   Debtor or   Secured Party of record. Check only ong of these two boxes.  Also chock one, or the following three boxes and, provide appropriate information in items 6 and/or 7.  Also chock one, or the following three boxes and, provide appropriate information in items 6 and/or 7.  DELETE name over record name over record name of the area of 7b and/or new address (if address change) in item 7c. also complete item 7a or 7b, and also litem 7c. also complete item 7a or 7b, and also litem 7c. also complete items 7a or 7b, and also litem 7c. also complete items 7a or 7b, and also litem 7c. also complete items 7a or 7b, and also litem 7c. also complete items 7a or 7b, and also litem 7c. also complete items 7a or 7b, and also litem 7c. also complete items 7a or 7b, and also litem 7c. also complete items 7a or 7b, and also litem 7c. also complete items 7a or 7b, and also litem 7c. also complete items 7a or 7b, and also litem 7c. also complete items 7a or 7b, and also litem 7c. also complete items 7a or 7b, and also litem 7c. also complete items 7a or 7b, and also litems 7c. also complete items 7a or 7b, and also litems 7c. also complete items 7a or 7b, and also litems 7c. also complete items 7a or 7b, and also litems 7c. also complete items 7a or 7b, and also litems 7c. also complete items 7a or 7b, and also litems 7c. also complete items 7a or 7b, and also litems 7c. also complete items 7a or 7b, and also litems 7c. also complete items 7a or 7b, and also litems 7c. also complete items 7a or 7b, and also litems 7c. also complete items 7a or 7b, and also litems 7c. also complete items 7a or 7b, and also litems 7c. also complete items 7a or 7b, and also litems 7c. also complete items 7a or 7b, and also litems 7c. also complete items 7a or 7b, and also litems 7a or 7b, and also litems 7a or 7b, and also litems 7a or 7b, and also		Phone (8	300) 331-3282 Fax (818	3) 662-4141		
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1999-45114 11/02/99 CC AL Shelby	<u></u>			THE		
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CHANGE rame and/or soldress. Give current record name in liem 6s or 6b, also give new   Substitution   Substi				_ <u></u> ,	only <u>one</u> of these two boxes.	
CURRENT RECORD INFORMATION:  6s. ORSANIZATION'S NAME  (INVERNESS VINEY ARD CHURCH  6s. INDIVIDUAL'S LAST NAME  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  MILLING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  SEE INSTRUCTION  ORGANIZATION  ORGANIZATION  ORGANIZATION  ORGANIZATION  ORGANIZATION  DESTOR  AMENDMENT (COLLATERAL CHANGE): check only one. box.  Describe collateral  deteled or added, or give entire  restated collateral description, or describe collateral assigned.  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 subnizing Debtor, or if this is a Termination authorized by a Debtor, check here and order name of DEBTOR authorizing this Amendment.  See INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  SUFFIX  DESTOR  MIDDLE NAME  SUFFIX  SUFFIX  DESTOR  POTICINAL FILER REFERENCE DATA	CHANGE name a	and/or address: Give curr	ent record name in item 6a or 6b; also	give new DELETE name: Give reco	1 1	
Suffix   S			no/or new address (if address change)	in item 7c to be deleted in item oa or	OU. [] Item / C, also complete	Rems 70-79 (ii appiicabi
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

1999-45114 11/02/99 CC AL Shelby

12. NAME of PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME
Colonial Bank, NA

OR
12b. INDIVIDUAL'S LAST NAME
FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information

20090609000219820 2/4 \$.00 Shelby Cnty Judge of Probate, AL 06/09/2009 12:32:19 PM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

\_\_ Description: Exhibit "A"

## STATE OF ALABAMA - UNIFORM COMMERCIAL CODE - FINANCING STATEMENT FORM UCC-1 ALA.

Important lead Instructions on Back Before Fing out Form.

, '	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Shoots Presented:	Illing pursuant to the Uniform Co	
1. Reluin copy or recorded original to:		THIS SPACE FOR USE OF FILING OFFIC Date, Time, Number & Filing Office	JER
Najjar Denaburg, P.C.			
ATTN: KARREN UNDERWOOD			
2125 Morris Avenue			
Birmingham, AL 35203	•		
			20090609000219820 3/4 \$.00
2. Name and Address of Debtor	(Last Name First If a Person)		Shelby Cnty Judge of Probate, AL 06/09/2009 12:32:19 PM FILED/CERT
Inverness Vineyard Church			
P.O. Box 381146	•		
Birmingham, Alabama 35238-1146	•		
•			
Social Socurity/Tax ID #(IF ANY)	(Last Name First if a Person)		
2A. Name and Address of Debtor (IF ANY)			
			•
•			
Social Security/Tex ID #	<u></u>		
Additional debtors on attached UCC-E		Filed with Judge of Pa	robate Shelby County
3. SECURED PARTY) (Last Name First if a Person)	· · · · · · · · · · · · · · · · · · ·	4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Last Name First II a Person)
Colonial Bank			
1928 First Avenue North		,	
Birmingham, AL 35203			
Social Security/Tex ID #		-	
Additional secured parties on attached UCC-E  5. The Financing Statement Covers the Following Types (	or ileast of Property:		
- ·		to the proporty december	vd in Evhihit "A"
All rents, leases, profits & roya All contract and contract rights	now existing or bereaf	ter arising which are re	lated to
the operation of the property de	scribed in exhibit "A",	reserving to Borrower,	however, as SA. Enter Code(8) From Back of Form That
long as Borrower is not in defau	lt, the right to receive	e the benefits of such c	Ontracts Best Describes The Collateral Covered
and said contract rights.		•	i By Thia Filling:
·	huilding motovials and	lefixed devicement of aver	ハとかなやかな
Any and all fixtures, fittings, whatsoever now or hereafter owner	d by the Debtors and us	ed or intended to be use	y nature ————————————————————————————————————
connection with the operation of	the property, structur	es, or other improvement	S
described in Exhibit "A", includ	ing all extensions, add	itions, improvements, be	etterments, —————
renewals, substitutions, replace	ments, to any of the fo	regoing.	<u></u>
Check X if covered: D Products of Collateral are also			
<ol> <li>This statement is filed without the debtor's signature to (check X, if so)</li> </ol>		7. Complete only when tiling with theThe initial indebtedness ascured by Carvon as ackling to onal sc	/ this figencing statement is \$ ACLINATO TOY INSYSTABLE
already subject to a security interest in another jurisdic already subject to a security interest in another jurisdic	ction when it was brought into this state. etion when debter's location Changed	Given as additional so	timbar to be out, crops, or fixtures and is to be cross
to this state.  Which is proceeds of the original collateral described		B. This financing statement covers indexed in the real estate mortgego an interest of record, give name of	LOCOLOZ (DESCRIDE LASI ABRAIA BIJO II CABIOL COAS UDI LIVAG
perfected.  Bequired after a change of name, identity or corporate	I e e e e e e e e e e e e e e e e e e e	Signa	ture(s) of Secured Party(ies)
as to which the illing has lapsed.		(Required only It life	d without debter's Signature — see Box 6)
Inverness Vineyard hurth	1/2/		
Signature(s) of Deblor(e) / [[]] (a) Tolided lo (s) Studenties	rice, ir., Pastor	Signature(4) of Secured Part	y(los) or Assignee
Signature(s) of Debtor(s) KERINEUL HAY X		Signature(s) of Secured Part	y(los) or Assigned
Inverness Vineyard Church Type Name of Individual or Business		Collonial Bank Type Name of Individual or I	Business
(1) FILING OFFICER COPY - ALPHABETICAL (3) FILING	OFFICER COPY — ACKNOWLEDGEMENT DPY - SECOND PARTY(S)	(6) FILE COPY DEBTOR(5)	DARD FORM — UNIFORM COMMERCIAL CODE FORM UCC- Approved by The Secretary of Blate of Alabama

SOOA-lan-no to: 14 wil cotoniat whack town trouts care of

20090609000219820 4/4 \$.00 Shelby Cnty Judge of Probate, AL 06/09/2009 12:32:19 PM FILED/CERT

## EXHIBIT "A"

Commence at the Northwest corner of Section 14, Township 19 South, Range 2 West and run East on the North line of said Section 14 a distance of 190.91 feet to the point of beginning; thence turn right 87°33' and run South a distance of 50.00 feet; thence turn left 47°06'22" and run Southeasterly a distance of 436.24 feet; thence turn left 90°00' and run Northeasterly a distance of 437.39 feet to the North line of said Section 14; thence left 130°26'38" and run West on the North line of said Section 14 a distance of 567.94 feet; thence turn right 87°33' and run North a distance of 303.19 feet to the Southeasterly side of Valleydale Road; thence turn left 134°35 and run Southwesterly along the Southeasterly side of said road a distance of 70.13 feet; thence turn left 45°25' and run South a distance of 251.83 feet to the point of beginning.

Situated in Shelby County, Alabama.