NOTICE OF COMMENCEMENT

Clerk's Office Stamp

Tax Parcel Identification Number:

11-59-16-03568-003

Inst:201212010546 Date:7/16/2012 Time:11:17 AM DC,P.DeWitt Cason,Columbia County Page 1 of 1 B:1238 P:831

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): Au OF THAT PART OF E 1/2 OF NE H AS CIES NORTH OF THE AW WATER ANE a) Street (job) Address: 5037 SW CP 240 INFE CITY FC. 32024
2. General description of improvements: MULT - PUPPOSE BUILDING / SCHOOL
a) Name and address: MantantoP Munistries WordDWDE 496 SW Ringot, LCFL. b) Name and address of fee simple titleholder (if other than owner)
a) Name and address: ALL SEASONS PLANNING, 11KG P.O. Box 15:30 LAKE CAY, FC 32052. b) Telephone No.: (386) 755 - 3600: Fax No. (Opt.) (386) 755 - 5407
5. Surety Information
h) Amount of Bood
c) Telephone No.:Fax No. (Opt.)
C handes
a) Name and address:
 b) Phone No
a) Name and address:
b) Telephone No.: Fax No. (Opt.)
8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section
713.13(I)(b), Florida Statutes: a) Name and address:
b) Telephone No.:Fax No. (Opt.)
9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified):
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR
MARROYEMENTS TO YOUR PROPERTY: A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST
INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
YOUR NOTICE OF COMMENCEMENT.
(
STATE OF FLORIDA COUNTY OF COLUMBIA
Signature of Owner's Authorized Office/Director/Partner/Manager
MANGES R. ZUER
Printed Name
The foregoing instrument was acknowledged before me , a Florida Notary, this
James Zuber as Manager (type of authority, e.g. officer, trustee, attorney
fact) for Mountain top Ministries worldwide (name of party on behalf of whom instrument was executed).
Personally Known OR Produced Identification Type _ Florida Or IVEYS License
Notary Signature Luwayna Davis Notary Stamp or Seal: Luwayna Davis Notary Public, State of Florida Commission# DD 860230
11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.
Signature of Natural Person Signing (in line #10 above.)