2001 UNIFORM BUSINESS REPORT (UBR)

Aug 07, 2001 8:00 am Secretary of State DOCUMENT # 700304 1. Entity Name EAST ORLANDO BAPTIST CHURCH HOLDING COMPANY, INC 08-07-2001 90002 022 ****61.25 Principal Place of Business Mailing Address 8287 CURRYFORD ROAD 8287 CURRYFORD ROAD 114229 ORLANDO FL 32822 ORLANDO FL 32822 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 70-0304581 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Saulsbur O. Box Number is Not Acceptable) Delete WILLNER, CHARLES tevenc 8287 CURRY FORD ROAD ORLANDO FL 32822 City 3806 8. 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. required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11, ☐ Change Addition DIT TITLE ☐ Delete TITLE EVANS, JERRY NAME NAME STREET ADDRESS 4627 CANARY ST STREET ADDRESS merritt Island Fl. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 82806 TITLE ☐ Addition Delete TITLE **BOYETTE, BOB** NAME NAME STREET ADDRESS 2819 DELLWOOD DRIVE STREET ADDRESS CITY_ST-ZIP ORLANDO, FL 00000 CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE MOSTELLER, JOHN NAME STREET ADDRESS 1041 GELLWOOD AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition TITLE TrCi NAME Dewain mosher STREET ADDRESS Socorro Dr. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 5218 Form by Dr. CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE hris Brown NAME NAME 3106 S. Chickasaw Trail STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 8-1-01 407-275-7225

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