2003 NOT-FOR-PROFIT CORPORATION

May 07, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 701944 1. Entity Name 05-07-2003 90153 045 ****61.25 BELVEDERE BAPTIST CHURCH INC Principal Place of Business Mailing Address 301 CHERRY ROAD 301 CHERRY ROAD W PALM BEACH FL 33409 W PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-0910343 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRANDALL, DON 6236 MADRAS CR **BOYNTON BEACH FL 3343**7 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. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Delete TITI F TITLE Change ☐ Addition CRANDALL, DON NAME NAME 6236 MADRAS CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP TITLE Delete TITLE SIGGINS, MR. BRUCE NAME NAME STREET ADDRESS 2030 NORMANDY CIR. STREET ADDRESS. CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change BATES, MR. AUSTIN NAME NAME STREET ADDRESS 2931 MELALEUCA DR. STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE GRANT, MR. ALVIN NAME NAME **507 HURON PLACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 attach with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP