2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # 709628 1. Entity Name 05-15-2001 90129 035 ****61.25 FIRST BAPTIST CHURCH, INC., OF DELEON SPRINGS, F Principal Place of Business Mailing Address 4995 CENTRAL AVE 4995 CENTRAL AVE UUU53065 POB 908 POB 908 DELEON SPRINGS FL 32130 DELEON SPRINGS FL 32130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-1494213 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH, WESLEY 340 PONCE DELEON BOULEVARD DE LEON SPRINGS FL 32130 City Zip Code 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. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW; **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Change Addition TITLE NAME COPELAND, AL NAME Leon M. Purcell STREET ADDRESS STREET ADDRESS 4654 ORANGE DRIVE NORTH P.O. Box 966 CITY-ST-ZIP CITY-ST-ZIP **DELEON SPRINGS FL 32130** DeLeon Springs, Fl 32130 Change Addition Delete TITLE TITLE T Randy Hutcherson NAME POWELL, DAVID P.O. Box 441 STREET ADDRESS STREET ADDRESS 1455 RIDGEWOOD STREET Pierson, Fl 32180 CITY-ST-ZIP CITY-ST-ZIP DELAND FL Delete ☐ Change ☐ Addition TITLE TITLE ABBOTT, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 217 CATALONIA AVENUE CITY-ST-ZIP CITY-ST-ZIP DELEON SPRINGS FL 32130 TITLE ☐ Change ☐ Addition TITLE Delete **BIGELOW, JOHN** NAME NAME STREET ADDRESS STREET ADDRESS 5325 AUDUBON AVENUE CITY-ST-ZIP CITY-ST-ZIE **DELEON SPRINGS FL** ☐ Change ☐ Addition TITLE ☐ Delete TITLE HESTER, BILL NAME NAME 4455 CAVE LAKE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELEON SPRINGS FL 32430 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME SMITH, WESLEY NAME STREET ADDRESS 340 PONCE DELEON BLVD STREET ADDRESS CITY-ST-ZIP DE LEON SPRINGS FL 32130 CITY-ST-ZIP

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 expowered.

4/30/01

386-985-6488

FILED