2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 13, 2001 8:00 am Secretary of State DOCUMENT # 709640 1. Entity Name THE FIFTH STREET BAPTIST CHURCH OF KEY WEST, INC 03-13-2001 90317 016 ****61.25 Mailing Address Principal Place of Business 1311 5TH ST 1311 5TH ST KEY WEST FL 33040 KEY WEST FL 33040 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 70-9640540 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) **BOZA, EDWARD** 2226 HARRIS AVENUE KEY WEST FL 33040 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change ☐ Delete TITLE TITLE HETHERINGTON, ROBERT H. NAME NAME STREET ADDRESS STREET ADDRESS 3504 EAGLE AVE CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL ☐ Addition Change T!TLE ☐ Delete TITLE NAME GIBSON, BEN NAME STREET ADDRESS STREET ADDRESS 3608 NORTHSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL ☐ Change ☐ Addition TITLE Delete TITLE **BOZA, EDWARD R** NAME NAME STREET ADDRESS STREET ADDRESS 2226 HARRIS AVE CITY-ST-ZIP KEY WEST FL CITY-ST-ZIP Change Jacqueline C. Leigh 1550 5 th Street ☐ Addition Delete TITLE 7 PARKER, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 2824 SEIDENBERG AVE Key West, FL 33040 CITY-ST-ZIP CITY-ST-ZIP **KEY WEST FL** ☐ Change Addition ☐ Delete TITLE TITLE LETO, DAROLD NAME NAME STREET ADDRESS STREET ADDRESS **404 CACTUS DRIVE** CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowered.

SIGNATURE: