2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # 714476** 1. Entity Name PINES BAPTIST TEMPLE, INC. 01-31-2001 90318 029 ****70.00 Principal Place of Business Mailing Address 7 W. FLAMINGO DRIVE 7 W. FLAMINGO DRIVE PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027 2. Principal Place of Business 3. Mailing Address 7 SW 129th Avenue 7/SW 129th Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-6080540 Pembroke Pines, FL Pembroke Pines, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \square 3302 USA 33027 USA. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>Henshaw</u>, <u>J</u>oel S. Street Address (P.O. Box Number is Not Acceptable) HILL.STANLEY F. 1120 N.E. 204TH TERRACE <u>1511 NW</u> 85th Way MIAMI FL 33179 Pembroke Pines, Zip Code 24 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. Joel S. Henshaw, PCD January 22, 2001 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VTD ☐ Delete Change ☐ Addition TITLE TITLE HANSON, KENNETH W. NAME NAME 2000 NW 91 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP PEMBROKE PINES FL CITY-ST-ZIP VSD ☐ Addition TITLE TITLE ☐ Delete Change HEARN, DWIGHT S. NAME NAME 7630 NW 5 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL CITY-ST-7IP PCD PCD XX Addition XX Delete TITLE Change Henshaw, Joel S. HILL, STANLEY F NAME STREET ADDRESS 1120 NE 204 TERR STREET ADDRESS 1511 NW 85th Way CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 Pembroke Pines, FL 33024 ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITI F 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.

RE REGISTRIERS haw

SIGNATURE:

January 22, 2001