2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am Secretary of State **DOCUMENT # 714572** 1. Entity Name UNITED AMERICAN FREE WILL BAPTIST CONFERENCE INC 02-21-2002 90148 033 ****61.25 or helmeter were Principal Place of Business 1 313 Mailing Address 110 W/7TH ST 19 5 PO BOX 3827 LAKELAND FL 33805-4813/ LAKELAND FL 33802 US 情性TIP I 2. Principal Place of Business 3. Mailing Address - ----DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Colors of Art Color Applied For City & State 71-4572632 Not Applicable Country Country \$8.75 Additional 160751 23 Zip Zip 5. Certificate of Status Desired (1) 建造" Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RODMON, H.J. 207 W. BELLAVISTA STREET LAKELAND FL 33801 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. 02-04-02 DATE (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Change Addition PD TITLE ☐ Delete TITLE RODMON, H.J. NAME NAME STREET ADDRESS STREET ADDRESS 207 W BELLAVISTA STREET CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Change ☐ Addition ·VD TITLE ☐ Delete TITLE BURNS, L.H. (REV.) NAME NAME STREET ADDRESS 1029 CALIFORNIA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P SUMPTER SC ☐ Addition Change VD ☐ Delete TITLE TITLE RANDALL, ABE NAME NAME STREET ADDRESS 611 N.W. 183RD STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE MCFARLIN, REGINA NAME NAME STREET ADDRESS STREET ADDRESS 2105 NE EDWIN STREET CITY-ST-ZIP وجوجه مشأهلتهن التبار WINTER HAVEN FL CITY-ST-ZIP Change Addition Delete TITLE TITLE SMITH, J.W. NAME NAME STREET ADDRESS 1941 LAVON STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL IUUKAAAA SD Weight St Change Addition Delete TITLE NAME NE STE COPELAND, J.L. NAME STREET ADDRESS 100 19TH AVE. SO. STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 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.

FILED