2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 27, 2002 8:00 am Secretary of State **DOCUMENT # 728659** 1. Entity Name THE FIRST BAPTIST CHURCH OF BUNCHE PARK, INC. 05-27-2002 90305 006 ****70.00 Principal Place of Business Mailing Address 15700 NW 22 AVENUE 16141 BUNCHE PK. ES DR OPA LOCKA FL 33054-2012 OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 23-7366401 Not Applicable Zip Country 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 WILLIAMS, JOHN A. Street Address (P.O. Box Number is Not Acceptable) 16147 BUNCHE PARK DRIVE E. OPA LOCKA FL 33054 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE CHAI ☐ Delete TITLE Change ☐ Addition NAME WELLONS, PAUL NAME STREET ADDRESS 18555 NW 38TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33055 CITY-ST-7IP TITLE Delete TITLE ☐ Addition **BOSTIC, ALEXANDER JR** NAME NAME NTH STREET ADDRESS 17211 NW 22 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33056 CITY-ST-ZIP TITLE Delete - ---NAME MCKAY, ARCHIE STREET ADDRESS 16120 BUNCHE PK DR E STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 33054 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SWEET, EDDIE L STREET ADDRESS 4330 NW 173 DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33055 CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition BRIAN, HART C NAME STREET ADDRESS 17715 NW 18TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33056 CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTE