DOCUMENT # 749907

1. Entity Name

ROCKLEDGE BAPTIST CHURCH, INC.

**FILED**
**Mar 28, 2002 8:00 am**
**Secretary of State**
02-11-2002 90215 002 ****61.25

| Principal Place of Business | Mailing Address |
|---|---|
| 3420 MURRELL ROAD<br>ROCKLEDGE FL 32955 | 3420 MURRELL ROAD<br>ROCKLEDGE FL 32955 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2470805 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| RHODES,DAVID<br>~~814 PINE SHADOWS AVE.~~ 983 Pelican Lane<br>ROCKLEDGE FL 32955 | Name same<br>Street Address (P.O. Box Number is Not Acceptable) 983 Pelican Lane<br>City Rockledge FL Zip Code 32955 |

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

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SEAWRIGHT, BILL<br>458 SEAHORSE LANE<br>COCOA FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DAVID MILLARD<br>839 WESTPORT DR.<br>ROCKLEDGE, FL. 32955 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MANSUR, JOHN<br>4195 SPARROW HAWK RD<br>MELBOURNE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MANSUR, JOHN<br>4195 SPARROW HAWK RD<br>MELBORNE FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | I<br>KENNETH, FREDRICK H.<br>135 RIVER WOOD DRIVE<br>ROCKLEDGE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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: David Rhodes PASTOR 4/3/02 321-636-3051
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR — Date — Daytime Phone #