2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

67 LAW MORTO REDUBBATEN enger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 22, 2000 8:00 am Secretary of State DOCUMENT # 756640 1. Entity Name FLAMINGO ROAD BAPTIST CHURCH, INC. 01-22-2000 90024 009 ****70.00 Principal Place of Business Mailing Address 12401 STIRLING ROAD 12401 STIRLING ROAD FT LAUDERDALE FL 33330 FT LAUDERDALE FL 33330-3211 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State FEI Number 59-1953931 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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) SOUTHERLAND, DAN 5726 SW 89 WAY FT. LAUDERDALE FL 33328 Zip Code City 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 Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change ☐ Addition ☐ Delete TITLE SOUTHERLAND, DAN, NAME NAME STREET ADDRESS STREET ADDRESS 5726 SW 89 WAY CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33328 TITLE VCD ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME MAYER, HAL STREET ADDRESS STREET ADDRESS 2001 NW 118 AVE. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33026 Addition ☐ Delete TITLE TITLE SD NAME NAME WENGERT, DEBORAH STREET ADDRESS STREET ADDRESS 11091 MINNEAPOLIS DR CITY-ST-ZIE CITY-ST-ZIP COOPER CITY FL 33026 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change □ Addition 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

Daytime Phone #