2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am Secretary of State **DOCUMENT # 762809** 1. Entity Name PLEASANT RIDGE BAPTIST CHURCH, INC. 04-18-2002 90343 002 ****61 Principal Place of Business Mailing Address 1015 PLEASANT ROAD 1015 PLEASANT ROAD **DEFUNIAK SPRINGS FL 32435 DEFUNIAK SPRINGS FL 32435** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FÉI Number Applied For 59-2338553 Not Applicable Zip 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 Name Street Address (P.O. Box Number is Not Acceptable) THOMAS, RACHEL C 627 PLEASANT RIDGE RD **DEFUNIAK SPRINGS FL 32435** 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State-OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE VOGEL, O. Paul 2652 Corbin Gainey Rd SMITH, JAMES KEVIN NAME NAME 101 W SLOSS AVE STREET ADDRESS STREET ADDRESS Defuniak Springs CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 CITY-ST-ZIP TIR V ☐ Delete TITLE ☐ Addition CRIM, BETTY N NAME NAME 2598 BOB SIKES RD STREET ADDRESS STREET ADDRESS **DEFUNIAK SPRINGS FL 32435** CITY-ST-ZIP CITY-ST-ZIP - ⊡-Delete ~ Change - Addition -TITLE TITLE ----THOMAS, RACHEL C NAME NAME STREET ADDRESS 627 PLEASANT RIDGE RD STREET ADDRESS CITY-ST-ZIP Defuniak springs fl 32435 CITY-ST-ZIP PTR TITLE ☐ Delete TITLE Change Ch ☐ Addition MITCHEM, JODY NAME NAME 12 MITCHEM RD STREET ADDRESS STREET ADDRESS DEFUNIAK SPRINGS FL 32435 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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 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

Daytime Phone #

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR