2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # N15422** 1. Entity Name FIRST BAPTIST CHURCH OF NAVARRE, INC. 03-15-2000 90095 009 ****61.25 Mailing Address Principal Place of Business 9302 NAVARRE PKWY 9302 NAVARRE PKWY NAVARRE FL 32566-2910 NAVARRE FL 32566-2910 822492 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 4. FEI Number 59-2478231 Not Applicable Zip Zip Country \$8.75 Additional Country 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) BROOKS, LESLIE 10088 CALLE DE PALENCIA NAVARRE FL 32566 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD ☐ Change ☐ Addition ☐ Delete TITLE TITLE PLANK, DON NAME NAME STREET ADDRESS 7234 SHEARWATER DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAVARRE FL 32566 ☐ Addition ☐ Change ☐ Delete TITLE TITLE LAMBETH, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 1710 SUNNY OAK ST. CITY-ST-ZIP CITY-ST-ZIP NAVARRE FL 32566 Addition - Change SD Delete TITLE- = TITLE HOLTZ, CAROL NAME REESE, RANDY NAME 2737 Dove Haven Lane STREET ADDRESS STREET ADDRESS 1768 CAMP ADA RD CITY-ST-ZIP Navarre, FL 3256 CITY-ST-ZIE NAVARRE FL 32566 Change ☐ Addition חד ☐ Delete TITLE TITLE **BROOKS, LESLIE** NAME NAME STREET ADDRESS STREET ADDRESS 10088 CALLE DE PALENCIA CITY-ST-ZIP CITY-ST-ZIP NAVARRE FL 32566 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/7/2000 (850) 939-3424

☐ Addition

☐ Change