## FILED May 03, 2000 8:00 am Secretary of State **DOCUMENT # N30113** 1. Entity Name, CORAL BAPTIST CHURCH, INC. 01-22-2000 90029 015 \*\*\*\*61.25 Mailing Address Principal Place of Business C/O ADDISON MARROW C/O ADDISON MARROW 201 N. UNIVERSITY DR. 201 N. UNIVERSITY DR. CASE CONTRACTOR OF THE PARTY OF CORAL SPRINGS FL 33071-7323 CORAL SPRINGS FL 33071-7323 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 59-2441363 Not Applicable **\$8.75** Additional Country Zip Country 5. Certificate of Status Desired Fee Required - -7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ALBRIGHT, TOM 201 N. UNIVERSITY DRIVE CORAL SPRINGS FL 33075-9788 Zip Code changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entity submits this statement for the pu 1/17/00 Tom Albright, Administration SIGNATURÉ (NOTE: Registered Agent signature required when reinstating) Signature, type 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE TITLE Celete NAME NAME PIPKIN, J. THOMAS CR2E037 STREET ADORESS STREET ADDRESS 2600 N.W. 112TH AVENUE CITY-ST-71P CITY-ST-ZIP CORAL SPGS. FL Addition Delete TITLE ☐ Change TITLE NAME JOINES, ERNESTINE NAME STREET ADDRESS STREET ADDRESS 3575 BROKEN WOODS DRIVE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME HERRON, LEWIS STREET ADDRESS STRFET ADDRESS 2968 NW 103RD LANE CITY-ST-ZIP CITY-ST-ZIP CORAL SPGS. FL Addition ☐ Change Delete TITLE Dye, Jim TITLE NAME HAIRE, BEN NAME 3000 NW 107th Ave. STREET ADDRESS STREET ADDRESS 6342 NW 14 COURT Coral Springs, Fl. 33065 CITY-ST-ZIP CITY-ST-ZIP <u>Margate Fl</u> Change Addition Delete TITLE TITLE NAME NAME LEISHER, WAYNE STREET ADDRESS STREET ADDRESS 1700 RIVERWOOD LANE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL ☐ Change ☐ Addition ☐ Dalata TITLE TITLE NAME HUGHES, DAVID NAME STREET ADDRESS STREET ADDRESS 5641 ATLANTA CITY-ST-ZIP HOLLYWOOD FL 33021 12. Thereby 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: Day SIGNATUPE S

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