2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 707027** Feb 21, 2000 8:00 am Secretary of State TEMPLE BAPTIST CHURCH OF TITUSVILLE, FLORIDA, IN 02-21-2000 90030 013 ****70.00 Principal Place of Business Mailing Address 1400 N U.S. #1 1400 N U.S. #1 TITUSVILLE FL 32796 TITUSVILLE FL 32780-3811 114000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1911506 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 796 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) ELDRIDGE, H. LEROY 4396 PONDAPPLE DR. Lantern DrTITUSVILLE FL 32796 196 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) Make Check Pavable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change ☐ Detete TITLE TITLE NAME DEAN, JEFF NAME STREET ADDRESS STREET ADDRESS 910 CAROLINA CIR CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32796 ☐ Addition D ☐ Delete TITLE ☐ Change NAME GAVER, RON NAME STREET ADDRESS STREET ADDRESS 6942 BOSTON RD. CITY-ST-ZIP CITY-ST-ZIF COCOA FL 32927 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MAYNARD, JERRY NAME STREET ADDRESS STREET ADDRESS 1405 N. CARPENTER RD. CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32796 Delete Treasurer Title ☐ Delete TITLE Change ☐ Addition TITI F MCMURPHY, TARA NAME 2800 Briarwood Ln. STREET ADDRESS STREET ADDRESS 1820 OLD DIXIE HWY Titusville, PL 32796 CITY-ST-ZIP CITY-ST-ZIP titusville fl 32796 Change ☐ Delete TITLE ☐ Addition TITLE NAME ELDRIDGE, LEROY NAME 4427 Lantern Dr. STREET ADDRESS STREET ADDRESS 4396 PONDAPPLE Titusville, FL, 3279 6 CITY-ST-ZIP CITY-ST-ZIP titusville fl 32796 ☐ Delete Addition TITLE TITLE Henry Creighton Rd. NAME NAME STREET ADDRESS STREET ADDRESS 3839 Titusville, FL 32796 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-90

(321) *2*69-1133