#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

DIRECTOR

#### SIGNATURE: TIMOTHY FEATHERS

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# F23000002507

Entity Name: REFORMED BAPTIST NETWORK ARTICLES OF INCORPORATION

**Current Principal Place of Business:** 

860 PEACHCREST CT NE GRAND RAPIDS, MI 49505

# **Current Mailing Address:**

860 PEACHCREST CT NE GRAND RAPIDS, MI 49505 US

# FEI Number: 81-3338779

## Name and Address of Current Registered Agent:

HOFFMAN, MARTIN 4814 W. WOODLAWN ST. DUNNELLON, FL 34433 US Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	D	Title	D
Name	WILHOIT, KEVIN	Name	FEATHERS, TIMOTHY
Address	5501 E IRLO BRONSON MEMORIAL	Address	535 S. EVARTS ST
	HWY	City-State-Zip:	POWELL WY 82435
City-State-Zip:	ST CLOUD FL 34771	, ,	
<b>T</b> '(1)		Title	D
Title	D	Title Name	-
Title Name	D FOREMAN, MATT	Name	HOAK, AARON
Name	FOREMAN, MATT		-
		Name	HOAK, AARON
Name	FOREMAN, MATT	Name Address	HOAK, AARON 2626 E. JEFFERSON ST

# FILED Apr 04, 2024 Secretary of State 6956526087CC

04/04/2024 Date

Date