2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 701157

1. Entity Name

City & State

Zip

TRUSTEE CORPORATION OF THE PAXTON BAPTIST CHURCH . INC.



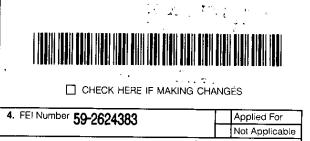
Principal Place of Business Mailing Address PAXTON BAPTIST CHURCH PAXTON BAPTIST CHURCH 21757 HWY 331 N P.O. BOX 1277 PAXTON FL 32538 PAXTON FL 32538-1277 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip

FILED						
Mar 05, 2003 8:00 am						
Secretary of State						

03-05-2003 90031 039 ****61.25



\$8.75 Additional

Fee Required

Zip Code

6. Name and Address of Current Registered Agent

Country

BRASWELL, DERRY 1175 COUNTY RD 285 N. **DEFUNIAK SPRINGS FL 32433**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
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5. Certificate of Status Desired

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. I am familiar with, and accept the obligations of registered agent.

Country

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11,	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE }	D 3	☐ Delete	TITLE	□ Ch		Addition
NAME	SCHOFIELD, PAT		NAME		ungo	
STREET ADDRESS	BOX 414 CATAWBA AVE		STREET ADDRESS			j
CITY-ST-ZIP -	LOCKHART AL		CITY-ST-ZIP			
TITLE :	P	☐ Delete	TITLE	☐ Cha		Addition
NAME	BRASWELL, DERRY	_ 20.00	NAME	Cik	ıny e	L Addition
STREET ADDRESS	1175 CO. RD. 285 Ñ		STREET ADDRESS			
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		CITY-ST-ZIP	راسين يراسين برا		
TITLE	D	☐ Delete	TITLE	□ Cha	-	Addition
NAME	SCHOFIELD, W.H.		NAME	L, J Cild	mye	☐ Addition
STREET ADDRESS	BOX 414 NA OSAGE ST.		STREET ADDRESS			
CITY-ST-ZIP	LOCHART AL		CITY-ST-ZIP			1
TITLE	D .	☐ Delete	TITLE	☐ Cha	nne	Addition
NAME	SENN, BOBBY J		NAME		ingo	Addition
STREET ADDRESS	215 DEAN RD		STREET ADDRESS			
CITY-ST-ZIP	DE FUNIAK SPRINGS FL		CITY-ST-ZIP			}
TITLE	T	☐ Delete	TITLE	□ Cha	nga	Addition
NAME	MCRAE, ALICE M		NAME		iigo	☐ Addition
STREET ADDRESS	62 CO HWY 147 E		STREET ADDRESS			
CITY-ST-ZIP	PAXTON FL 32538		CITY-ST-ZIP			
TITLE	_	Delete	TITLE	☐ Chai	nge	Addition
NAME		,	NAME		ific	L.J Addition
STREET ADDRESS			STREET ADDRESS			1
CITY-ST-ZIP	,		CITY-ST-ZIP			

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:

REOMPE Malae Tressurer 3-1-03