2003 NOT-FOR-PROFIT CORPORATION

Apr 07, 2003 8:00 am , Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 701757 04-07-2003 91026 024 ****70.00 WESTVIEW BAPTIST CHURCH INC Mailing Address Principal Place of Business PO BOX 680879 13301 N W 24TH AVE NORTH MIAMI FL 33168 MIAMI FLORIDA 33167 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59 0014218 36 - 45 2 7 2 4 City & State City & State Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARRY R. YOUNG YOUNG, BARRY(S) 2071 S.W. 68TH WAY MIRAMAR FL 33023 2071 S.W. 68TH WAY Zip Code 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PN TITLE Delete TITI F ■ Addition YOUNG, BARRY R NAME NAME 2071 S.W. 68TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33023 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE YOUNG, DORISKA NAME NAME 2071 SW 68TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33023 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MAYCOCK, MARY:H: NAME NAME 2320 NW 132ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33167** CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete GREGORY, WILLIE MAE NAME NAME 1430 N.W. 39TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM! FL 33142 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED