5/1/0 2001 UNIFORM BUSINESS REPORT May 23, 2001 8:00 am Secretary of State **DOCUMENT # 703226** 1. Entity Name 05-01-2001 90037 044 ****61.25 DERBYSHIRE BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 1127 DERBYSHIRE RD. 1127 DERBYSHIRE RD HOLLY HILL FL 32117-1813 HOLLY HILL FL 32117-1813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1486534 Not Applicable Zip Country 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 -Shaeffer-Street Address (P.O. Box Number is Not Acceptable) TODD, RONALD L 6163 SEQUOIA DR 2401 Jammes Rd. PORT ORANGE FL 32127 City Jacksonville 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. 9. Election Campaign Financing Make Check Payable to 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 10. TITLE Delete Paul E Shaeffer 2401 Jommes Bd. APT 73 TODD, RONALD L NAME NAME STREET ADORESS 6163 SEQUOIA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL Herb Wood 1512 Culverhouse Dr. Holly Hill FL ☐ Change ☐ Addition □ Delete TITLE TITLE WOOD, HERB NAME NAME 1512 CULVERHOUSE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLY HILL FL CITY-ST-ZIP Delete TITLE TITLE David Erlandson 353 Clifton Ave. OWINGS, FRED NAME NAME 1112 CARMEN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL FL Change ☑ Delete TITLE ☐ Addition TITLE DUCKETT, DOUG NAME NAME STREET ADDRESS STREET ADDRESS 225 RIVERBEND RD CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL ☐ Change [7] Addition ☐ Delete TITLE FIELD, A.D. NAME NAME STREET ADDRESS 118 PALM DRIVE STREET ADDRESS DAYTONA BEACH FL CITY-SI-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 into empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Hirb Wood Decon 5-20-01

Defete

☐ Change

☐ Addition