2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME

FILED DOCUMENT # 707921 Mar 25, 2000 8:00 am 1. Entity Name **Secretary of State** TEMPLE BAPTIST CHURCH OF LEE COUNTY, INC. 03-25-2000 90003 039 ****70.00 Principal Place of Business Mailing Address. 18841 STATE RD 31 18841 STATE RD 31 N FT MYERS FL 33917-5525 N FT MYERS FL 33917 029002 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1286106 Not Applicable 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 Name Street Address (P.O. Box Number is Not Acceptable) GRIFFITH, KENNETH R 18440 TELEGRAPH CREEK LN **ALVA FL 33920** Zip Code City 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 Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TD TITLE Change ☐ Addition TITLE ☐ Delete NAME QUEEN, ALEXANDER R. NAME STREET ADDRESS 124 CONESTOGA TR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N FT MYERS, FL 00000 33917 ☐ Addition ☐ Delete TITLE **★**Change TITL F NAME NAME TILLMAN, HENRY STREET ADDRESS STREET ADDRESS 2205 CALADIUM RD 33905 CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL Change Addition TITLE PD Delete TITLE Griffith, Kenneth R. NAME GRIFFITH, KENNETH R. STREET ADDRESS STREET ADDRESS 3931 LITTLE CREEK DRIVE 18440 Telegraph Creek Lane CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 00000 Alva FL 33920 Change ☐ Addition ☐ Delete TITLE TITI F SD NAME YEARGIN, LISA N NAME Yeargin, Lisa N STREET ADDRESS STREET ADDRESS 15843 KEYGRASS LN 1684 Lakeside Terrace CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33905 N Ft Myers FL 33903 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 suppliemental lepont is rue 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

03/08/200