Apr 28, 2003 8:00 am § Secretary of State 04-28-2003 90542 031 ****61.25

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

DOCUMENT # **708394**

1. Entity Name

FIRST	BAPTIST	CHURCH	HOLDING	COMPANY
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Principal Place of Business Mailing Address 2395 KENTUCKY AVE 2395 KENTUCKY AVE MIMS FL 32754 MIMS FL 32754 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-0992910 City & State City & State Applied For Not Applicable Zip Country____ ے Country کے ہے۔ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARE, CAMDEN R Street Address (P.O. Box Number is Not Acceptable) 3610 GRANTLINE RD., E. MIMS FL 32754 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Maddition TITLE ☐ Delete TITLE Change BARE, CAMDEN R NAME NAME STREET ADDRESS 3610 GRANTLINE RD. EAST STREET ADDRESS CITY-ST-ZIP MIMS FL CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHEALY, J.T. NAME NAME STREET ADDRESS. STREET ADDRESS 2111 TURPENTINE RD POB84... CITY-ST-ZIP CITY-ST-ZIP MIMS FL TITLE TD ☐ Change ☐ Addition ☐ Delete TITLE BIERMAN, LARRY NAME NAME STREET ADDRESS STREET ADDRESS 4570 N. US #1 CITY-ST-ZIP CITY-ST-7/P MIMS FL Addition TITLE □ Delete TITLE ☐ Change NAME NAME STREET ADDRESS Devon Ct. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32796 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 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: