FILED

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

Jan 15, 2003 8:00 am **Secretary of State DOCUMENT # 710239** 1. Entity Name 01-15-2003 90166 026 ****61.25 SHERWOOD PARK BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 2676 POST ROAD 2676 POST ROAD EAU GALLIE FL 32935 EAU GALLIE FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1773146 Applied For Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOPER, JOHNY H nber is Not Acceptable) 4067 FRIAR TUCK LANE Street Ac **EAU GALLIE FL 32935** elbourne 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ERNEST L VANDE BERG - Change MERRY, THOMAS NAME NAME 2559 LOCKSLEY Rd. 1971 NICKLAUS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL** CITY-ST-7IP MELBUURNE FLA. 32935 SD TITLE Delete TITLE ☐ Change COTTRILL, TERRIE Addition NAME NAME 2480 WARWICK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ARMSTRONG, LESTER Addition NAME NAME 2202 KING RICHARD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32935 CITY-ST-ZIP TITLE Delete TITLE ☐ Change PAUL J. VALIANTE 2792 HEREFORD RD. ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32935 CITY-ST-ZIP PICHARD J. MALOX P.O. BOL 360982 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS John D. James Jr, CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP