2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 05, 2001 8:00 am DOCUMENT # 710302 Secretary of State FIRST BAPTIST CHURCH OF OAKLAND PARK, FLORIDA, I 05-05-2001 90832 010 ****61.25 Principal Place of Business Mailing Address 801 NE 34TH COURT 801 NE 34TH COURT 74000V OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 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 59-1227375 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) **GREG SCHWEIGER 5980 NE 21 CIRCLE** FT.LAUDERDALE FL 33308 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. registered agent and title 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D ☐ Delete ☐ Addition TITLE Change SCHWEIGER, C. GREGORY NAME STREET ADDRESS STREET ADDRESS 59890 NE 21 CIRCLE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete Change ☐ Addition TITLE TITLE NAME BARCLIFT, BARBARA NAME STREET ADDRESS STREET ADDRESS 671 NE 35 ST. CITY-ST-7IP CITY-ST-ZIP OAKLAND PARK FL TITLE ☐ Delete TITLE ☐ Change Addition HAMILTON, BILL NAME NAME STREET ADDRESS STREET ADDRESS 4519 NW 47TH TERR CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33319 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS 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.