2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 712309** FIRST BAPTIST CHURCH OF CENTRAL FLORIDA, INC. Mailing Address Principal Place of Business 800 N. PINE HILLS RD. 800 N. PINE HILLS RD. ORLANDO FL 32808-7231 ORLANDO FL 32808 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 59-6046379 Zip Country Country - -Zip____ 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PARRISH, SID Street Address (P.O. Box Number is Not Acceptable) PARRISH & BAILEY, P.A. 116 AMERICA STREET City ORLANDO FL 32801 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Delete TITLE THORNTON, VANCE NAME NAME 8601 TURKEY OAK LANE STREET ADDRESS STREET ADDRESS CLAIRMONT FL CITY-ST-ZIP CITY-ST-ZIP PD TITLE ☐ Delete TITLE

FILED Apr 24, 2002 8:00 am Secretary of State

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DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8:75 Additional Fee Required 7. Name and Address of New Registered Agent 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. DATE Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition Change Change ☐ Addition WOOTEN, RON NAME NAME 5533 VALLEY OAK RD STREET ADDRESS STREET ADDRESS ORLANDO, FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE MACDONALD, SCOTT NAME NAME 1060 SPRING LOOP WAY STREET ADDRESS STREET ADDRESS WINTER GARDEN FL 34787 CITY-ST-ZIP CITY-ST-ZIP VD Change Addition Delete TITLE TITLE EATON, ART SR. NAME NAME 12037 CYPRESS LANE STREET ADDRESS STREET ADDRESS CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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

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.