## FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # 717207 1. Entity Name DUNDEE BAPTIST CHURCH OF DUNDEE, FLORIDA, INCORP 04-24-2001 90006 017 \*\*\*\*61.25 Principal Place of Business Mailing Address 1111 SCENIC HIGHWAY P.O. BOX 769 643234 DUNDEE FL 33838 **DUNDEE FLA 33838** 2. Principal Place of Business 3. Mailing Address 1111 Scenic Highway P.O. BOX 769 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ina niza City & State City & State Applied For 4. FEI Number 59-1438002 Dundee, Florida Not Applicable Dundee, Florida Country Country Zip 33838. \$8.75 Additional 5. Certificate of Status Desired USA, USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name William McKenzie Street Address (P.O. Box Number is Not Acceptable) WEBB, JOHN 3200 WINDY HILL RD 3208 Lake Breeze HAINES CITY FL 33844 Zip Code <sup>City</sup> Haines City, Florida 33844 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. William McKenzie DATE (NQTE: Registered Agent signature required when reinstating) \$5.00 May Be **FILE NOW:** 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS Change X Addition TITLE Delete TITLE NAME NAME KIRK, PHILLIP Russell THompson STREET ADDRESS STREET ADDRESS 708 ADAMS 756 Masterpiece Rd. Lake Wales, F1. CITY-ST-ZIP CITY-ST-7IP **DUNDEE FL 33838** X Addition TITLE ☐ Delete TITLE Change Eddie McMillan BROWN, ARNOLD NAME NAME 503 Edmund Ave. STREET ADDRESS STREET ADDRESS 1007 EDMUND AVE. Dundee, Florida 33838-CITY-ST-ZIP CITY-ST-ZIP **DUNDEE FL 33838** Delete TITLE Change ▼ Addition Rodney Drake NAME WEBB, JOHN NAME 9 Roels St. STREET ADDRESS STREET ADDRESS 3200 WINDY HILL RD Haines City, Florida CITY-ST-7IP 33844 CITY-ST-ZIP HAINES CITY FL 33844 TITLE TITLE Delete Change Addition NAME HAMAN, HAROLD NAME STREET ADDRESS STREET ADDRESS P O BOX 611 CITY-ST-ZIP CITY-ST-ZIP HAINES CITY FL 33844 ta aPa 人物物/流型表型的 计主电流定 TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME

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 of those 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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-7IP

Arnold Brown