2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # 721476 Sep 18, 2000 8:00 am Secretary of State BAPTIST WORLD OF FLORIDA, INC. 09-18-2000 90023 025 ****61.25 Mailing Address Principal Place of Business 4202 S PIPKIN RD 4202 S PIPKIN RD LAKELAND-FE 33811 LAKELAND FL 33811 2. Principal Place of Business 3. Mailing Address Dox DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1783813 Not Applicable 4).=.(x Country Country \$8.75 Additional 5. Certificate of Status Desired Polk Fee Required 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) PATTERSON, HUGH F 506 CASSANDRA LN LAKELAND FL 33809 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE ☐ Delete TITLE GOLDEN, DALE L NAME STREET ADDRESS 427 SILVER HILL STREET ADDRESS CITY-ST-ZIP VALRICO FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE PATTERSON, HUGH F NAME NAME 2953 OXFORD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 00000 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE SPURLOCK, GEORGE F NAME NAME 1462 Royal Forest BL AKCIAND FT 33811 1160-RUSTIE ESTAPES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Change ☐ Addition TITLE ☐ Delete TITLE ROTH, LEE NAME 3625 BRIDGEFIELD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 Change TITLE ☐ Defete ☐ Addition **CUTHBERTSON, GORDON** NAME NAME 3815 BENT TREE LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Delete TITLE Change ☐ Addition TITLE 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.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR