2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#723832

FILED Apr 06, 2003 Secretary of State

Entity Name: FIRST AVENUE BAPTIST CHURCH OF HILLIARD, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: **401 FIRST AVENUE** 27388 WEST FIRST AVENUE HILLARD, FL 32046 HILLARD, FL 32046 **Current Mailing Address: New Mailing Address:** P. O. BOX 637 HILLIARD, FL 32046 FEI Number: 72-3832550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MANNING, GARY D VROMAN, DARRELL 401 FIRST AVENUE 27388 WEST FIRST AVENUE HILLIARD, FL 32046 US HILLIARD, FL 32046 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: DARRELL VROMAN 04/06/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PCD () Delete (X) Change () Addition MANNING, GARY D VROMAN, DARRELL Name: Name: 2425 W 2ND STREET Address: 27388 WEST FIRST AVENUE Address: City-St-Zip: HILLIARD, FL City-St-Zip: HILLIARD, FL 32046 Title: TD Title: (X) Change () Addition () Delete HODGES, WADE Name: LLOYD, DEBBIE Name: Address: RT 3 BOX 735 OAK ST Address: P.O. BOX 836 City-St-Zip: HILLIARD, FL 32046 City-St-Zip: HILLIARD, FL 32046 Title: VD. () Delete Title: V/D (X) Change () Addition HODGES, WADE HODGES, WADE Name: Name: RT. 3 BOX 735 OAK ST. Address: Address: 37296 NEW OAK ST City-St-Zip: HILLIARD, FL City-St-Zip: HILLIARD, FL 32046 Title: SD () Delete Title: (X) Change () Addition Name: HODGES, VIRGINIA Name: HODGES, VIRGINIA Address: RT 3 BOX 735 Address: 37296 NEW OAK ST City-St-Zip: HILLIARD, FL City-St-Zip: HILLIARD, FL 32046 Title: () Delete Title: () Change (X) Addition BRANNON, KENNY Name: Name: 28092 TEMPEST TRAIL Address: Address: City-St-Zip: City-St-Zip: HILLIARD, FL 32046 Title: () Delete Title: () Change (X) Addition DAVIS, GENE Name: Name: Address: Address: RT. 2 BOX 4130 FOLKSTON, GA 31537 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WADE H HODGES V/D 04/06/2003

RUSS THOMPSON DIRECTOR 37229 EASTWOOD RD HILLIARD,FL. 32046