2002 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # 729531 1. Entity Name 02-19-2002 90005 027 ****61.25 FAITH BAPTIST CHURCH, INC. OF VERO BEACH, FLA. Principal Place of Business Mailing Address 7968-20 ST 7966-20 ST VERO BEACH FL 32966 VERO BEACH FL 32966 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1948411 Not Applicable \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent William Stroup Street Address (P.O. Box Number is Not Acceptable)
2615 JUPITER Blvd SW PINKERTON, JAMES I 2260-54 AVE VERO BEACH FL 32966 CityALM BAY Zi3290% 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 Fiorlda. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. President: Director william Stroup 901 Change ☐ Addition TITLE Delets PINKERTON I, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 2260 54TH AVE 2615 Jupiter Blvd SW CITY-ST-ZIP PALM Bay, F1 32908 Vice President Director CITY-ST-7IP VERO BCH, FL 00000 Change ■ Addition Delete TITLE BOWLING, WILLIAM R NAME NAME Robert Keiper STREET ADDRESS STREET ADDRESS 8736 98TH AVE 773 Antilles Ra NE CITY-ST-ZIP CITY-ST-7IP VERO BCH, FL 00000 Palm Bay, Fl 32907 Treasurer Dector Gladys Stroup K Change ☐ Addition X Dalete TITLE TITLE PINKERTON, DOREEN A NAME NAME STREET ADDRESS STREET ADDRESS 2260 54 AVE 2615 Jupiter Blvd NE CITY-ST-ZIP CITY-ST-ZIP vero BCH, FL 00000 Palm Bay, Fl 3290🛭 Channe ☐ Addition ☐ Delete TITLE TITLE Secretary -NAME NAME Sallie Wilson STREET ADDRESS STREET ADDRESS 299 Aladin St NE CITY-ST-ZIP CITY-ST-7IP Palm Bay, F1 32907 ☐ Addition Change ☐ Delete TITLE 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

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

Esallie J. Wilson

changed, or on an attachment with an address, with all other like empowered.

61.25 pd.

321-951-2863