2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 01, 2003 8:00 am **Secretary of State** DOCUMENT # 730551 05-01-2003 90226 050 ****61.25 THE FIRST BAPTIST CHURCH OF WEIRSDALE, FLORIDA, Principal Place of Business Mailing Address 13725 SE 164 ST 13725 SE 164 ST BOX 606 BOX 606 WEIRSDALE FL 32195 WEIRSDALE FL 32195 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-1575841 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ingswor BAXLEY, WILLIAM [Street Address (P.O. Box Number is Not Acceptable) 16545 SE>X30TH AVE WEIBSDALE FL 38195 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. I am familiar with, and accept DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE Change TITLE Hollingsworth, William F. 16987 SE.155 Ave. BAXLEY, WILLIAM L NAME NAME STREET ADDRESS 16545 SE 130TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEIRSDALE FL 32195 32195 ☐ Change TITLE ☐ Delete TITLE Addition BIELLING, J.D. NAME NAME STREET ADDRESS 14455 SE 155TH ST STREET ADDRESS CITY-ST-ZIP WEIRSDALE FL 32195 CITY-ST₂ZIP Delete ☐ Change Addition TITLE TITLE Hollingsworth, Emma 16987 SEISS AVE Weirsdall, F1 32195 SEIFERT, PAUL H NAME NAME DT STREET ADDRESS 12501 SE HWY 42, BOX 1095 STREET ADDRESS CITY-ST-ZIP WEIRSDALE FL 32195 CITY-ST-7IP TITLE Delete TITI F Addition Sanford, Irene BRADLEY, MARY LEE NAME NAME 14430 SE. HWY 4Z STREET ADDRESS 13485 SE 162ND PLACE STREET ADDRESS Weirsdale Fl. 32195 CITY-ST-ZIP CITY-ST-ZIP WEIRSDALE FL 32195 TITLE Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADORESS

CITY-ST-ZIP

Pent 28, 2003 (352)821-231/

FILED