2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#731495

City-St-Zip:

ENGLEWOOD, FL 3422

Entity Name: SOUTH BISCAYNE BAPTIST CHURCH, INC.

FILED Apr 23, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13000 TAMIAMI TRAIL NORTH PORT, FL 34287 US **Current Mailing Address: New Mailing Address:** P.O. BOX 7166 P.O. BOX 7166 NORTH PORT, FL 34587 US NORTH PORT, FL 34287 US FEI Number: 59-2039246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOORE, ROBERT L 227 NOKOMIS AVE VENICE, FL 34285 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete NEUMAN, BERNARD NEUMANN, BERNHARD Name: Name: 2100 W DOLPHIN DR Address: 2100 W DOLPHIN DR Address: ENGLEWOOD, FL 34223 City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: JONES, HILLARY Name: Address: 3880 PINSTAR TERR Address: City-St-Zip: NORTH PORT, FL 34287 City-St-Zip: Title: TD () Delete Title: () Change () Addition BOTTS, DAN Name: Name: 18545 GRAND AVE Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: SHIPPY, TERRY Name: SHIPPY, TERRY 975 GILLESPIE ST Address: Address: 975 GILLESPIE ST

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.

City-St-Zip:

ENGLEWOOD, FL 34223

SIGNATURE: DAN BOTTS TD 04/23/2002