2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 02, 2002 8:00 am Secretary of State **DOCUMENT # 732689** 1. Entity Name WINTER HAVEN BAPTIST MANOR, INC. 05-02-2002 90144 013 ****61.25 Principal Place of Business Mailing Address 140 AVE A SW 140 AVE A SW WINTER HAVEN FL 33880 80085388 WINTER HAVEN FL 33880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1609564 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nàme DYAL, LUCIUS M JR. Street Address (P.O. Box Number is Not Acceptable) 501 E. KENNEDY BLVD., STE. 1400 **TAMPA FL 33602** City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Į. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Addition MEIGS, DENNIS R. MORTON, RICHARD W NAME NAME STREET ADDRESS 127 PARK LANE BIB 22 ND ST. N.W. STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33884 WINTER HAVEN, FL. 33881 CITY-ST-ZIP TITLE TD M Delete TITLE Change CANNON, JACK ☐ Addition NAME BELLINGHAM, SHIRLEY NAME STREET ADDRESS 1014 EDGEWATER DR SE STREET ADDRESS 130 PATTERSON DR. CITY-ST-ZIP WINTER HAVEN FL 33884 CITY-ST-ZIP AUBURNDALE, FL. 33823 Delete TITLE Change ☐ Addition NAME CHAPMAN, SHIRLEY NAME STREET ADDRESS 130 PATTERSON DRIVE STREET ADDRESS CITY-ST-7F AUBURNDALE FL 33823 CITY-ST-ZIP TITLE D **Delete** TITLE ☐ Change ☐ Addition NAME GAY, LASHONDA NAME STREET ADDRESS P.O. BOX 3125 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33885 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MIXON, MARTHA NAME STREET ADDRESS 250 LAKE LULU DRIVE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 38880 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HERRERA. MARVIN NAME STREET ADDRESS 2019 OLIVER PLACE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33881 CITY-ST-7IP 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 changed or on an attachment with a address, with all other like empowered.