2002 UNIFORM BUSINESS REPORT (UBR) FILED Feb 07, 2002 8:00 am Secretary of State **DOCUMENT # 735725** 1. Entity Name FIRST BAPTIST CHURCH OF GLEN SAINT MARY, FLORIDA 02-07-2002 90063 016 ****61.25 , INC. Principal Place of Business Mailing Address SOUTH GEO. TABOR BLVD. P.O. BOX 633 GLEN ST. MARY FL 32040-7633 GLEN ST. MARY FL 32040-7633 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 59-1865988 Not Applicable Zip 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 PATTERSON, P. TIM Street Address (P.O. Box Number is Not Acceptable) GEORGE TABER BLVD GLEN ST. MARY FL 32040 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) DATE 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Change ☐ Addition Delete CANADY, OTIS NAME NAME HWY 23-C STREET ADDRESS STREET ADDRESS MACCLENNY FL CITY-ST-ZIP CITY-ST-ZIP DT TITLE ☐ Delete TITLE ☐ Addition ☐ Change LYONS, JC JR. NAME HWY 23-D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GLEN ST MARY FL CITY-ST-ZIP TITLE Delete -TITLE ☐ Change Addition RAULERSON, T.J. NAME 339 E MACCLENNY AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MACCLENNY FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PATTERSON, P. TIM NAME NAME GEORGE TABER BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GLEN ST MARY FL CITY-ST-ZIP ☐ Delete ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date

Daytima Phone (

Change

☐ Addition

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