Amended

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

DOCUMENT # 743308

1. Entity Name
WINGATE ROAD BAPTIST CHURCH, INC.

FILED
03 NOV 14 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
11100 WINGATE RD. JACKSONVILLE, FL 32218	11100 WINGATE RD. JACKSONVILLE, FL 32218

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1029397 ☐ Applied For ☐ Not Applicable

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
EDWARDS, DAVID 10644 DODD RD JACKSONVILLE, FL 32218	Name: Ronnie Randalls Street Address (P.O. Box Number is Not Acceptable): 3360 Armstrong Rd. City: Callahan FL Zip Code: 32011

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 the obligations of registered agent.

SIGNATURE: Ronnie Randalls — Ronnie Randalls — 11/06/03
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW - FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARDS, DAVID 10644 DODD RD JACKSONVILLE, FL 00000,	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ronnie Randalls 3360 Armstrong Rd. Callahan, Florida 32011	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GUESS, ANDY 12589 MOSSE RD JACKSONVILLE, FL 32226	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Tommy Lepley 7534 Sherwood Street Jacksonville, Florida 32208	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR BOWDEN, TERRY 11367 IRMA RD JACKSONVILLE, FL 32218	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S James Williams 3400 Townsend Blvd. Apt. 178 Jacksonville, Florida 32277	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KOTSIS, BOB 15814 PARETE RD JACKSONVILLE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Sherman Reed 160 W. 67th Street Jacksonville, Florida 32208	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500024526265 11/07/03--01103--001 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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.

SIGNATURE: James L. Williams — James Williams — 904-7438319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James L. Williams 11-13-03