2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 746448 1. Entity Name CANAAN LAND MISSIONARY BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 8631 63RD AVENUE 4620 28TH CT VERO BEACH FL 32967 VERO BEACH FL 32967 US 2. Principal Place of Business 3. Mailing Address Same as aboul Same as Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State Zip Country Zip Country 5 6. Name and Address of Current Registered Agent Name Street Address (P.O DILLARD, HENRY 4620 28TH CT VERO BEACH FL 32960 8. The above named entity submits this statement for the purpose of changing its registered office or registered SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

FILE NOW:

FEE IS \$61.25

DILLARD, HENRY

VERO BEACH FL

PETERSON, MARY

4620 28TH CT

4620 28TH CT

WILLIAMS RUTH

VERO BEACH FL

4620 28TH CT

4620 28TH CT

VERO BEACH FL

DILLARD, HENRY

VERO BEACH FL

4620 28TH CT

VERO BEACH FL

CLAY, ANN KELLY

VERO BEACH, FL 00000

FLOWERS, HERBERT E

4620 28TH CT

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90044 023 ****70.00

| | DO NOT WRITE IN T | HIS SP. | ACE | | |
|--------------------------------|--|---------|----------------|----------------------------|-------------|
| 4. FEI Number 22-2187262 | | | | Applied For | _ |
| 5. Certificate of | of Status Desired | \$ | 8.75 Ad | lot Applicabl dditional | 4 |
| | Address of New Registe | | e Requir | red | |
| SANE AS | | | | | _ _ _ |
| egistered agent, or both | n, in the state of Florida. | FL | Zip Co | ode | |
| required when reinstating) | | DATE | | | |
| \$5.00 May Be Added to Fees | Make Check Payable to Department of State | | | | |
| ADDITIONS/CHA | ANGES TO OFFICERS AI | | ECTORS Change | | 00. |
| Same A | DDRESS | | Onlange | s 🗀 voqua | JII. |
| | | | ☐ Change | e 🔲 Additi | on |
| EDWAKD DIL | LARD JR. | | Change | e 🔲 Additi | on |
| SAMA THA | DILLARD | • | Chang | e 🔲 Additi | on |
| | | , | Chang | e 🔲 Additi | ion |

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

(NOTE: Registered Agent signature required who

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

MAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS.

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

LUWA

9. Election Campaign Financing

Trust Fund Contribution.

☐ Delete

☐ Delete

Delete

X Delete

X Delete

☐ Delete

SIGNATURE:

HENRY DILLARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SAME ADDRESS

Daytime Phone #

Change

Addition