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

DOCUMENT # 748343

1. Entity Name

City & State

Zip

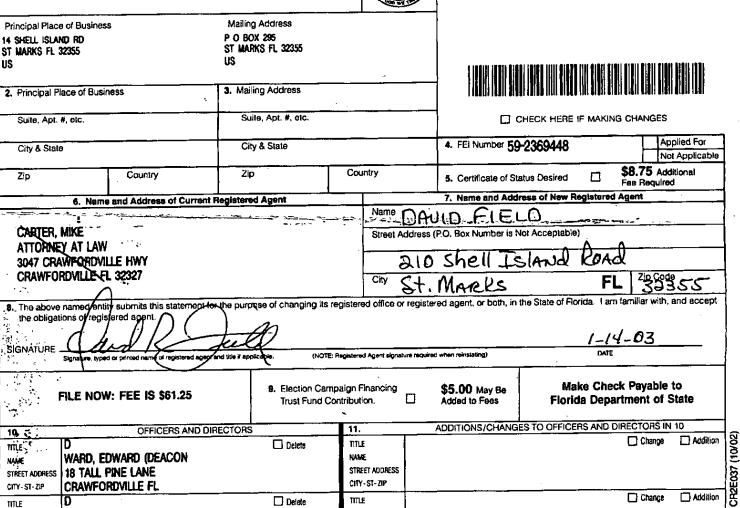
SIGNATURE

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FIRST BAPTIST CHURCH OF ST. MARKS, FLORIDA, INC.



10, 5 TITLE . WARD, EDWARD (DEACON NAME STREET ADDRESS 18 TALL PINE LANE STREET ADDRESS CITY-ST-ZIP CRAWFORDVILLE FL CITY-ST-ZIS ☐ Change ☐ Addition ☐ Delete TITLE TITLE LAMBERT, BILL (DEACON) NAME NAME STREET ADDRESS 18 HARRELL LANE STREET ADDRESS CITY-ST-ZIP CRAWFORDVILLE FL CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE CHUNN.: JAMES - . NAME -NAME STREET ADORESS 14 SHELL ISLAND ROAD STREET ADORESS CITY-ST-ZIP ST. MARKS FL CITY-ST-ZIP ☐ Change Addition Defete TITLE TITLE FIELD, GAIL NAME NAME STREET ADDRESS BOX 275, SHELL ISLAND RD., #210 STREET ADDRESS ST. MARKS FL CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE (MOORE) MOORE, W.L. P.O. BOX (503 NAME NAME STREET ADDRESS STREET ADDRESS knuforduille FL 32326 CITY-ST-ZIP CITY-ST-ZIP ☐ Chance Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

12. I hereby certify that the information supplied with this filling 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 repeiver 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 , with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 25, 2003 8:00 am

Secretary of State

01-21-2003 90140 019 ****61 25