FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State **DOCUMENT # 749654** 1. Entity Name 05-15-2001 90124 030 ****61.25 FIRST BAPTIST CHURCH OF PALM BEACH GARDENS, INC. Principal Place of Business Mailing Address 11980 ALTERNATE A1A 11980 ALTERNATE A1A N0052622 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 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 59-1944389 Not Applicable Zip Country Country Zip \$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 Street Address (P.O. Box Number is Not Acceptable) CARTER, ROBERT 11980 ALTERNATE A1A PALM BEACH GARDENS FL 33410 City Zip Code 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) 9. Election Campaign Financing Make Check Payable to **FILE NOW: \$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 . 10. OFFICERS AND DIRECTORS 11. Change D ☐ Delete TITLE Addition TITLE SMALL HOWARD 11980 ALTERNATE A I A PALM BEACH GARDENS, FL 334/0 NAME SMALL, HOWARD NAME STREET ADDRESS STREET ADDRESS 11980 ALTERNATE A1A CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CARTER, ROBERT ☐ Detete TITLE TITLE NAME CARTER, ROBERT NAME 11480 ALTERNATE AIA STREET ADDRESS STREET ADDRESS 11980 ALTERNATE A1A PAYM BEACH GARDENS, FL 334/0 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 SHAFFER, RONALD Change Addition **Deleté** NAME TONER, EDWARD NAME STREET ADDRESS 11980 ALTERNATE A1A STREET ADDRESS PALM BEACHGARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Change PD TITLE TITLE Delete ENGLISH, GALE NAME NAME STREET ADDRESS STREET ADDRESS 11980 ALTERNATE A1A CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIF

TITLE

NAME

SIGNATURE

☐ Change

☐ Addition