2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003
Secretary of State

DOCUMENT# 752136

Entity Name: FIRST INDEPENDENT BAPTIST CHURCH OF PONCE DE LEON, FLORIDA, INC.

Current Principal Place of Business:

2879 SAMSON HWY
PONCE DE LEON, FL 32455

New Principal Place of Business:

Current Mailing Address:

HWY. 81 SOUTH
P.O. BOX 226
PONCE DE LEON, FL 324550266

New Mailing Address:

FEI Number: 05-0011200 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COAKER, LARRY E
HWY 81 SOUTH
PONCE DE LEON, FL 32435 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COAKER, LARRY E
Address: HWY 81 SOUTH
City-St-Zip: PONCE DE LEON, FL 32455

Title: D ( ) Delete
Name: WARD, DAVID
Address: 6092 CO HWY 181 E
City-St-Zip: WESTVILLE, FL 32464

Title: D ( ) Delete
Name: PETERSON, MAXWELL
Address: HWY 181
City-St-Zip: WESTVILLE, FL 32464

Title: D ( ) Delete
Name: MOSS, HILTON
Address: 811 SOUTH 4TH ST
City-St-Zip: DEFUNIAK SPG, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY COAKER D 05/15/2003

Electronic Signature of Signing Officer or Director — Date