DOCUMENT # **754275** FILED Apr 07, 2000 8:00 am Secretary of State FIRST BAPTIST CHURCH OF OAKLAND LOCAL DEVELOPMEN 04-07-2000 90081 044 ****61.25 Principal Place of Business Mailing Address FBC LOCAL DEVELOPMENT. INC. FBC LOCAL DEVELOPMENT. INC. 1027 JESSIE STREET 1027 JESSIE STREET JACKSONVILLE FL 32206-5714 JACKSONVILLE FL 32206-5714 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 59-1695897 Not Applicable Country Zip Country Ζiρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DAILEY, CHARLES B REV 2572 BEAUTYBERRY CIR. WEST JACKSONVILLE FL 32246 Zip Code City FL 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) DATE Make Check Payable to FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Trust Func Contribution. **Department of State FEE IS \$61,25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD ☐ Addition ☐ Delete TITLE TITLE DAILEY, CHARLES NAME NAME STREET ADDRESS 1027 JESSIE ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville fl ☐ Delete Change ■ Addition TITLE TITLE NAME NORMAN, EARVIN NAME STREET ADDRESS STREET ADDRESS 2437 BARRY DR. SOUTH CITY-ST-ZIE CITY-ST-ZIP JACKSONVILLE FL TITLE SD ☐ Delete TITLE Change ☐ Addition JOHSNON, JESSE NAME NAME STREET ADDRESS STREET ADDRESS 6614 ECTOR PL CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL D ☐ Delete TITLE Change ☐ Addition NAME JONES, HERMAN NAME STREET ADDRESS STREET ADDRESS 2188 W. 30TH ST. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE HOWELL, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 3805 MARLO ST. CITY-ST-ZIP CITY-ST-ZIE JACKSONVILLE FL ☐ Delete ☐ Change Addition TITLE TITLE WARREN, CLEVE NAME NAME STREET ADDRESS 10543 ARROWHEAD CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 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: Charles BA-Dailey: REQUIRECALL Daily 3/28/2000 904-354-5295