2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # 760218** 1. Entity Name 04-21-2004 90023 016 ****61.25 FAIRMONT PARK CHURCH OF CHRIST, INC. Principal Place of Business Mailing Address 301 38TH STREET NORTH ST PETERSBURG FL 33713 US 301 38TH STREET NORTH ST PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2915164 Not Applicable Zip Country Zip Country \$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 Aller and Aller and Aller and Aller SAPP, LENWOOD SR. Street Address (P.O. Box Number is Not Acceptable) 301 38TH STREET NORTH ST PETERSBURG FL 33713 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PMD ☐ Delete TITLE TIT! F ☐ Change Addition SAPP, LENWOOD SR. NAME NAME 3510 QUEENSBORO AVENUE S. STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33712 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition ROBINSON, CHARLES L NAME NAME 2135 BEACH DRIVE SE #1 STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33705 CITY-ST-ZIP CITY-ST-7/P TITLE, ☐ Delete TITLE-☐ Change ~ ☐ Addition JERNIGAN, LLOYD A JR. NAME NAME 1961 3RD AVENUE NORTH STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33713 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

FICER OR DIRECTOR

FILED