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

May 01, 2003 8:00 am § Secretary of State **DOCUMENT # 760218** 05-01-2003 90989 009 ****61.25 1. Entity Name FAIRMONT PARK CHURCH OF CHRIST, INC. Principal Place of Business Mailing Address 301 38TH STREET NORTH 301 38TH STREET NORTH ST PETERSBURG FL 33713 ST PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2915164 Applied For Not Applicable 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 SAPP, LENWOOD SR. Street Address (P.O. Box Number is Not Acceptable) 301 38TH STREET NORTH ST PETERSBURG FL 33713 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. I am familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **PMD** TITLE ☐ Detete TITLE Addition SAPP. LENWOOD SR. 3510 QUEENSBORO AVENUE S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33712 TiTi F Delete TITLE ☐ Change ☐ Addition ROBINSON, CHARLES L NAME NAME STREET ADDRESS 2135 BEACH DRIVE SE #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33705 TITLE: Delete TITLE 🚺 Change ■ Addition JERNIGAN, LLOYD A JR. JERNIGAN, Lloyd A. J. NAME NAME 1805 56TH PLACE SOUTH, APT. B STREET ADDRESS STREET ADDRESS 1961 3rd AVENUE North CITY-ST-ZIP CITY-ST-7IP ST PETERSBURG FL 33713 PEtensliva M. 33713 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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