2003 NOT-FOR-PROFIT CORPORATION

FILED Mar 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 767086** 1. Entity Name 03-28-2003 90074 046 ****70.00 FIRST BAPTIST CHURCH OF EAGLE LAKE, INC. Principal Place of Business Mailing Address 2500 JUS HWY 17 SOUTH 2500 JUS HWY 17 SOUTH EAGLE LAKE FL 33839 P.O. BOX 887 EAGLE LAKE FL 33839 2. Principal Place of Business 3. Mailing Address 2500 US HWY 17 SOUTH PO BOX 887 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1378663 Applied For EAGLE LAKE FL EAGLE-LAKE FL Not Applicable. Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33839-0887 POLK 33839 POLK Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent S TURNER - DRAKE, DAVID .5014 SUNRICE DR. -WINTER HAVEN FL 93880-33811 LAKELAND 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 SIGNATURE LANGE ARRY S TURNER. printed name of registered agent and title if applicable æ 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD ☐ Delete TITLE ☐ Change Addition NAME KIRKLAND, WYNDELL NAME STREET ADDRESS 4616 REYNOSA DR. STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33880 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME BARBARA L. SUMMERS NAME 11 TERA-LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL ☐ Delete TITLE ☐ Change Addition MARY BURD NAME 249 3RD ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EAGLE LAKE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition

☐ Delete

TITLE

NAME

STREET ADDRESS

Summers SIGNATURE: