FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # N0000002404 1. Entity Name 04-02-2001 90053 009 ****61.25 CURLEW BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 2276 CURLEW ROAD 2276 CURLEW ROAD PALM HARBOR FL 34683 PALM HARBOR FL 34683 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 Not Applicable \$8.75 Additional Zip Country... - Zip ---Country ---5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Barrett Harry Street Address (P.O. Box Number is Not Acceptable) MCLAIN, BARBARA C 850 CLEARWATER-LARGO ROAD S.W. LARGO FL 33770-4470 City 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. 10887 ULMERTON 72L) SIGNATURE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE Delete TITLE Change ☐ Addition WHITEHEAD, VIRGINIA NAME NAME STREET ADDRESS 3290 MCMULLEN-BOOTH ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33761** TITLE ☐ Delete TITLE Change ☐ Addition 1219 St. Andrews Dr. WELLS, JERRY NAME NAME 980 MCLEAN ST STREET ADDRESS STREET ADDRESS Dinedin FC 34698 CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** Addition TITLE M Delete TITLE ☐ Change ANDERSON, ARTHUR NAME NAME STREET ADDRESS 890 CROSLEY DRIVE STREET ADDRESS CITY-ST-7tP **DUNEDIN FL 34698** CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change Barrett NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-ST-ZIP ULMETITON TECH Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ■ 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