2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 AM
Secretary of State

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Entity Name: REFUGE BAPTIST CHURCH OF SEBRING, INC.

Current Principal Place of Business:

709 NORTH RIDGEWOOD DRIVE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1508
SEBRING, FL 338711508

New Mailing Address:

FEI Number: 59-3694597 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENTON, WOODROW W
1017 DINNER LAKE DRIVE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PCM ( ) Delete
Name: BENTON, REV. WOODROW W
Address: 1017 DINNER LAKE DRIVE
City-St-Zip: SEBRING, FL 33870

Title: VD ( ) Delete
Name: MARITY, DR. CLIFFORD
Address: 1005 DINNER LAKE DRIVE
City-St-Zip: SEBRING, FL 33870

Title: SD ( ) Delete
Name: MARITY, JOSEPHINE
Address: 1005 DINNER LAKE DRIVE
City-St-Zip: SEBRING, FL 33870

Title: TD ( ) Delete
Name: DOWNS, WILLIE E
Address: 2414 HOPE CIRCLE
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCM (X) Change ( ) Addition
Name: BENTON, REV. WOODROW W REV.
Address: 1017 DINNER LAKE DRIVE
City-St-Zip: SEBRING, FL 33870

Title: VD (X) Change ( ) Addition
Name: MARITY, DR. CLIFFORD REV.
Address: 1005 DINNER LAKE DRIVE
City-St-Zip: SEBRING, FL 33870

Title: SD (X) Change ( ) Addition
Name: COLLINS, DAWN MS
Address: 648 N. RIDGEWOOD DR.
City-St-Zip: SEBRING, FL 33870

Title: TD (X) Change ( ) Addition
Name: DOWNS, WILLIE E DEC.
Address: 2414 HOPE CIRCLE
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WOODROW W. BENTON PCM 04/17/2002

Electronic Signature of Signing Officer or Director — Date