2002 UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2002 8:00 am Secretary of State DOCUMENT # N0100003658 CHIMNEY LAKES BAPTIST CHURCH, INC. 03-24-2002 90048 044 ****61.25 Principal Place of Business Mailing Address 1980 WELLS ROAD UNIT 2 1980 WELLS ROAD UNIT 2 ORANGE PARK FL 32073 **ORANGE PARK FL 32073** 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 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 Name Street Address (P.O. Box Number is Not Acceptable) BALL, ROBERT D 1980 WELLS ROAD UNIT 2 ORANGE PARK FL 32073 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Defete TIŢĻE TITLE Addition Change NAME WILLIAM A. COLLINS STREET ADDRESS STREET ADDRESS 4603 TUNIS St. CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE **Addition** NAME Marion Hlan Simm 5 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Carl G. Williams = T Change NAME NAME 6746 Shindler D. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE Joy FI CITY-ST-ZIP ROBERT O BROW TITLE ☐ Delete Change **X** Addition NAME NAME 8149 CHOLD TR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JAX FL 322 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: Kolling State Constant Robert D. Brown 3-2-02 778-0763

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 propowered.