2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am Secretary of State DOCUMENT # N01000004459 02-20-2002 90114 029 ****70.00 ZION FELLOWSHIP BAPTIST CHURCH, INC. rincipal Place of Business Mailing Address 90 LIPSCOMB ST. 4690 LIPSCOMB ST. ILM BAY FL 32905 PALM BAY FL 32905 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 59-3550954 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) WHITE, GEORGE H 4690 LIPSCOMB ST. PALM BAY FL 32905 Zip Code FL 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 GNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE Change ☐ Addition WHITE, GEORGE H NAME REET ADDRESS STREET ADDRESS 2535 WASHINGTON ST. Y-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 ĹΕ ☐ Delete TITLE Change ☐ Addition МE white, lakeba k NAME REET ADDRESS 146 RACHEL ST., APT. #1 STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 ΊE ☐ Delete TITLE Change Addition BATTLE, CORETTA H NAME REET ADDRESS 841 GILLEN AVE. STREET ADDRESS Y-ST-ZIP PALM BAY FL 32907 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MF WHITE, MARY C NAME REET ADDRESS 2535 WASHINGTON ST. STREET ADDRESS Y-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition WILLIAMS, ELLISTON NAME EET ADDRESS STREET ADDRESS 1245 PALM BAY RD., APT. 101 Y-ST-ZIP CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete TITLE ☐ Change ☐ Addition ME NAME EET ADDRESS STREET ADDRESS Y-ST-7IP CITY-ST-ZIP 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

SFORGE H.WhitE

changed, or on an attachment with an address, with all other like empowered.

FILED

(321)952-5231