2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2003 8:00 am Secretary of State

| 1. Enlity Nar | MENT BAPTIST (| 04-02-2003 90095 021 ****70.00 | | | | | | | | | |
|---|--------------------------------|--|--|-------------|--|------------------------------|----------------------------------|---------------------------|-----------------------------------|----------------|-----------------|
| Principal Place of Business Mailing Address | | | | | | Charaboo | | | | | |
| 6125 NEW TAMPA HWY. LAKELAND FL 33815 | | | 6125 NEW TAMPA HWY. LAKELAND FL 33815 | | | [| | | | | |
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| 2. Principal F | Place of Busine | ess | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | | City & State | | | 1 00 0 100 100 | | | oplied For ot Applicable | e | |
| Zφ | Zip Country | | Zip | | untry | 5. Certificate of S | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| | 6, Name | and Address of Current | Registered Agent | | Name | 7. Name and Add | Iress of New Regi | stered A | gent | | 7 |
| RICHARI | DŠON, JOHN | indige section in the | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | 4 |
| 6125 NE | W TAMPA H | WY 🖟 🛶 | • | | Street Addres | S (P.O. BOX NUMBER IS | wut Acceptable) | | | | _ |
| LAKELA | ND FL 33815 | Cample . | | | | | | | | | |
| | | | | | City | | | _FL | Zip Cod | | _] |
| the obliga | tions of registe | ored agent. A Act | | : Registere | d Agent algnature requi | | | DATE | . <u>-</u> | _ | |
| FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Cor | | | | | | | | | | | |
| 10. | 1 50 | OFFICERS AND DIF | | 11. | 11.0 | ADDITIONS/CHANG | | | | | 7 |
| TITLE NAME STREET ADDRESS | | ostee Pact On, John A I DR | Delete | | ET ADDRESS | Victor 1905 J | Syke | Z L | Change | Addition | CR2E037 (10/02) |
| CITY-ST-ZIP | LAKELAND | | | CITY- | -ST-ZIP | akeland | F1. 3 | 7.38 | 109 | | - 188 188 |
| NAME STREET ADDRESS CITY-ST-ZIP | USSERY, J 3260 DOVE | | ☐ Delate | • | | | | | ☐ Change | ☐ Addition | 8 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | □ Delete | | 1 | | | | Change | Addition | |
| indicated | on this report poration or the | or supplemental report is receiver or trustee empo | this filing does not qualify for true and accurate and that m wered to execute this report a fith all other like empowered. | v slanati | ure shall have the | same legal effect as li | ' made under oath: | that I are | an officer of | or director | |

SIGNATURE

SIGNATION

7-3603

Daytime Phone #