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

May 14, 2003 8:00 am § Secretary of State DOCUMENT # N02000008273 05-14-2003 90133 050 ****61.25 TRUEVINE FREEWILL BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 855 WEST GEORGE INGRAM BLVD. 855 WEST GEORGE INGRAM BLVD. DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 3. Mailing Address 2. Principal Place of Business George W Engran 855 George W Engram Blud ☐ CHECK HERE IF MAKING CHANGES 4. FEI Numbe Applied For TWA BEACH Autowa BRACK Not Applicable \$8.75 Additional Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKSON, TIMOTHY L BISHOP Street Address (P.O. Box Number is Not Acceptable) 855 WEST GEORGE INGRAM BLVD. **DAYTONA BEACH FL 32114** City Zip Code 8. The above named entity submits this statement for the pyrpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURÉ (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Change Addition TITL F ☐ Delete JACKSON, T.L. NAME . Name STREET ADDRESS 752 DERBYSHIRE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE **BOLDEN, WILLIAM** NAME NAME STREET ADDRESS 729 ELLEN ST. STREET ADDRESS : CITY-ST-ZIP CITY-ST-ZIP **DAYTONA BEACH FL 32114** TITLE ☐ Delete Addition TITLE ☐ Chance PRYOR, LINDA NAME NAME 1304 PREACHTREE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DAYTONA BEACH FL 32114 SILLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 attackment with an address, with all parter like empowered. rothy L Jackson 5-12-03 386-253-1998