2004 NOT-FOR-PROFIT CORPORATION .. ANNUAL REPORT (AR)

Feb 25, 2004 8:00 am Secretary of State DOCUMENT # N03000009747 02-04-2004 90046 015 ****66.25 02-25-2004 90018 026 *****8.75 ISRAEL UNITED MISSIONARY BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 54010745 350 CHAMPION COURT ORANGE PARK FL 32073 350 CHAMPION COURT ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address 2328 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State 4. FEI Number D-- 0 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHITE, EUGENE REV. Street Address (P.O. Box Number is Not Acceptable) 350 CHAMPION COURT ORANGE PARK FL 32073 City 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. I am familiar with, and accept the obligations of registered agent. FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change TITLE ☐ October TITLE WHITE, EUGENE REV. NAME NAME 350 CHAMPION COURT STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE JENNINGS, VERNITA DR. NAME NAME 2224-1 Bills RA 7901 BAYMEADOWS CIRCL EAST #313 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP CITY-ST-ZIP-Pelete HILE TITLE WHITE ANTHONY NAME NAME Delet 350 CHAMPION COURT STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 82256 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE nne NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empowered.

FILED