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

Mailing Address

FT. PIERCE FL 34949

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1717 GULFSTREAM AVENUE

DOCUMENT # N05053

1. Entity Name

Principal Place of Business

1717 GULFSTREAM AVENUE

2. Principal Place of Business

FT. PIERCE FL 34949

Suite, Apt. #, etc.

PULLIAM, DALLAS

1926 SW GOLD LANE PORT ST LUCIE FL 34953

City & State

Zip

SIGNATURE

SOUTH BEACH BAPTIST CHURCH, INC.

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable



FILED Jan 16, 2003 8:00 am § Secretary of State

01-16-2003 90100 024 ****61.25

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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.

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

DATE

Zip Code

FILE NOW: FEE IS \$61,25 10: OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD Delete TITLE ☐ Change ☐ Addition NAME PULLIAM, DALLAS NAME STREET ADDRESS 1926 SW GOLD LANE STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MERITHEW, RONALD NAME STREET ADDRESS PO BOX 2896 STREET ADDRESS CITY-ST-ZIP FT. PIERCE FL 34954 ·CITY-ST-ZIP ☐ Delete TITLE Addition PATTERSON, MARY NAME 5901 ALEXANDRIA CIRCLE STREET ADDRESS 601 SEAWAY DR H-7 STREET ADDRESS CITY-ST-ZIP FT. PIERCE FL CITY-ST-ZIP TITLE VTD Delete TITLE ☐ Change Addition NAME WEESE, SHERI NAME STREET ADDRESS 6015 SEAWAY DRIVE A-46 STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34949 CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME 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.

SIGNATURE

PUILAN 1-7-03