2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am Secretary of State DOCUMENT # N07564 1. Entity Name BRADFORDVILLE FIRST BAPTIST CHURCH, INC. 05-22-2001 90047 011 ****70.00 Principal Place of Business Mailing Address 6494 Thomasville Road P.O. Box 13797 Tallahassee, FL 32312-3834 Tallahassee, FL 32317-3797 770152 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2484989 City & State City & State Applied For Not Applicable Zip Country 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 GREEN, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 123 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW: 9. Election Campaign Financing Make Check Payable to . \$5.00 May Be Added to Fees Trust Fund Contribution..... FEE'IS \$61.25 Department of State... 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE ☐ Change Doster, Ernest Addition. NAME 2352 Carefree Cove NAME STREET ADDRESS Tallahassee, FL 32308 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Green, William H ☐ Delete TITLE ☐ Change Addition NAME 4400 Bradfordville Rd NAME Tallahassee, FL 32308 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change Patterson, Laverne G 5253 Withers Hill Rd. Tallahassee, FL 32312-9702 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **⊠** Delete TITLE ☐ Change **X** Addition Allen, Robert NAME 1984 Charlais Street NAME Camp, Bob (Robert C.) STREET ADDRESS Tallahassee, FL 32311 STREET ADDRESS 1744 Tarpon Drive CITY-ST-ZIP CITY-ST-ZIP Tallahassee, FL 32308 TITLE ☐ Delete TITLE ☐ Change ☐ Addition Thompson, Susan 8515 Congressional Dr. NAME STREET ADDRESS Tallahassee, FL 32312 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition Lamb III, Marion NAME 8400 Centerville Tallahassee, FL 32308 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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 without all other like empowered. SIGNATURE: