2002 UNIFORM BUSINESS REPORT (UBR) FILED May 16, 2002 8:00 am Secretary of State **DÖĞÜMENT # N09757** 1. Entity Name TANTON MEMORIAL BAPTIST CHURCH, INC. 05-16-2002 90086 041 ****61.25 Principal Place of Business Mailing Address 1041 BLUE ANGEL PKWY P.O. BOX 3617 P.O. BOX 3617 P.O. BOX 3617 360508 PENSACOLA FL 32506 PENSACOLA FL 32506 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2552190 Not Applicable Zip Country Zip 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 KERSEY BOB Street Address (P.O. Box Number is Not Acceptable) 729 N 79TH AVE 909 E CERVANTES ST, SUITE A PENSACOLA FL 32506 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 e if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITI F ☐ Addition MC NEELY, WM. NAME NAME 10128 PEPPERTREE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32506 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition MCDAVID. HOWARD NAME NAME STREET ADDRESS 200 MCKINLEY DR STREET ADDRESS PENSACOLA FL 32505 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition KERSEY, JEAN NAME NAME STREET ADDRESS 729 N 79TH ST. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PEGGY MOORE NAME 21 N EDGEWOOD CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32506 CITY-ST-ZIP Delete TIT) E ☐ Change ☐ Addition Lee. John NAME STREET ADDRESS 6826 TEMPLE LANE STREET ADDRESS PENSACOLA FL 32526 CITY-ST-ZIP CITY-ST-ZIP CD TITLE TITLE Change ☐ Addition KERSEY, BOB NAME NAME 729 N. 29th AVE STREET ADDRESS 229 N 78TH AVE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32506 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR