2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N10854

Apr 29, 2002 8:00 AM Secretary of State

Entity Name: THE FIRST BAPTIST CHURCH OF SCOTTSMOOR INC.

Current Principal Place of Business: New Principal Place of Business:

3705 SUNSET AVE (BOX 42) SCOTTSMOOR, FL 32775

Current Mailing Address: New Mailing Address:

3705 SUNSET AVE (BOX 42) SCOTTSMOOR, FL 32775

FEI Number: 59-2581313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARMER, JESSIE T. MCCOSKEY, JAMES L
6007 PALM AVE 3490 CORAL AVE.
P.O. BOX 310 P.O. BOX 381
SCOTTSMOOR, FL 32775 US SCOTTSMOOR, FL 32775 US

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: JAMES L. MCCOSKEY 04/29/2002

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:PARMER, J.T.,Name:MCCOSKEY, JAMES LAddress:6007 PALM STREETAddress:3490 CORAL AVE.

Address: 6007 PALM STREET Address: 3490 CORAL AVE.

City-St-Zip: SCOTTSMOOR, FL 32775 City-St-Zip: SCOTTSMOOR, FL 32775

Title: TD () Delete Title: TD (X) Change () Addition Name: HALLUM, J D, Name: HALLUM, J.D.

 Address:
 3495 CORAL AVENUE
 Address:
 3495 CORAL AVENUE

 City-St-Zip:
 SCOTTSMOOR, FL
 City-St-Zip:
 SCOTTSMOOR, FL 32775

Title: VPD () Delete Title: () Change () Addition

 Name:
 STONE, KENNETH R
 Name:

 Address:
 SUNSET AVE.
 Address:

 City-St-Zip:
 SCOTTSMOOR, FL 32775
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES MCCOSKEY PD 04/29/2002