FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # N14658** 1. Entity Name NAPLES BAPTIST TEMPLE INC., OF NAPLES, FLORIDA 01-29-2001 90193 011 ****61 25 Principal Place of Business Mailing Address 5860 24TH AVENUE N.W. 5860 24TH AVENUE N.W. NAPLES FL 3419-122 NAPLES FL 34119-1122 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 59-2759089 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 Name Street Address (P.O. Box Number is Not Acceptable) LAWHON, ROBERT A 27261 WISCONSIN ST **BONITA SPRINGS FL 34135** 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITI E Delete TITLE Change ☐ Addition TURNER, JAMES E. NAME NAME STREET ADDRESS 109 KERTLAND DR. STREET ADDRESS CITY-ST-7IP NAPLES FL CITY-ST-ZIP DT TITLE ☐ Delete TITLE Change Addition WHEELOCK, KEN NAME NAME STREET ADDRESS 5860 24 AVE NW STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP PD TITLE ☐ Delete TITLE Change Addition MCGOWAN, I.E. NAME NAME STREET ADDRESS 5860 24TH AVE. N.W. STREET ADDRESS CITY-ST-7IP NAPLES FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 given like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PASTOR 01-15-01 941-589-3503