| WEST LAUDERDALE BAPTIST CHURCH, INC.     05-02-2002 90027 037 ****61.25       Windpar Policy of Business     Mailing Address       OpAuliss A: Cox     3601 PAVE BX0       F. LUDERDALE R, S312     Bott PAVE BX0       J. Multing Address     Sutte, Apr. #. etc.       Coy A State     Chy & State       I. Principal Place of Business     Sutte, Apr. #. etc.       Coy A State     Chy & State       I. Principal Place of Business     Sutte, Apr. #. etc.       Coy A State     Chy & State       I. Principal Place of Business     Sutte, Apr. #. etc.       Coy A State     Chy & State       I. Name and Address of Current Registered Agent     Name       Cox, JAMES A     State Address of Current Registered Agent       The above named entity submits the dataenter. for the purprete of charging its registered office or registered agent, or both, in the state of flort ds.       Cox, JAMES A     Street Address of Cox. in the state of flort ds.       FLL DROBDALE FL 33301     Chy Marke Check Payable to Department of ds tate       Cox, JAMES A     Street Address of Orthologic Provide State of State       Street Address of Police Cox. in the state of flort ds.       FLL DROBDALE FL 33312     Police Correls of The Address of Orthologic Address of Department of State       The above named with subment for the purprete of charging its registread office or registered agent or both, in the state of Dort ds.       <  | DOCUMENT # N19749<br>1. Entity Name  |   |   |  | May 02, 2002 8:00 an<br>Secretary of State                   |  |  |  |
|--|--|---|---|--|--|--|--|--|
| ADVANCE BLOODER E R. 2001     Some DANKE BLOODER E R. 2002   |  |   | RCH, INC.   |  |  |  |  |  |
| ADVARGE AL COOK PROVE BLVD     FL ULIGEROALE FL 3300     US     AUUREROALE FL 3312     Principal Place of Business     A. Malling Address     Sude, Apl. #, etc.     DO NOT WRITE IN THIS SPACE     DO NOT WRITE IN   | Principal Pla  | ace of Business   | Mailing Address   |  |  |  |  |  |
| Principal Place of Business       3. Muling Address         Side, Act. #, etc.       Suite, Apr. #, etc.         City & State       0. If y & State         City & State       0. If y & State         2.0       Country         2.0       Country         2.0       Country         2.0       Country         2.0       Country         2.0       Country         3.0       Country         3.00   | 01 DAVIE B   | BLVD '  | FT. LAUDERDALE FL 333   | 01   |  | · · · · · ·  |  |  |
| Suite, ApI, #, etc.  OD NOT WRITE IN THIS SPACE  City & State  Norme  Norme  See Required  See Required  Norme  Norme  Norme  See Required  Norme  Norme No   |  | Place of Business   | 3. Mailing Address  | <u> </u>   |  |  |  |  |
| City & State       City & State       4. FEI Number       S9-10355699       Applied For         Zip       Country       Zip       Country       5. Continuate of Status Desired       B8.75 Additional         City & State       Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         City & State       Name       Name       Name       Street Address of New Registered Agent         City & FL       Zip Code       Street Address of New Registered Agent       Name         City & FL       Zip Code       Street Address of New Registered Agent       Street Address of New Registered Agent         City & FL       Zip Code       City & FL       Zip Code         The above named estity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.       Name         NATURE  | Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |  | DO NOT WRITE IN THIS SPACE   |  |  |
| Zip         Country         Zip         Country         S. Certificate of Status Desired         S8.75 Additional<br>Fee Required           6. Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent         Name           DOX, JAMES A<br>GOT DAVIE BLVD         Name and Address of New Registered Agent         Name           DOX, JAMES A<br>GOT DAVIE BLVD         Street Address of New Registered Agent         Name           DOX, JAMES A<br>GOT DAVIE BLVD         City         FL         Zip Code           The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florica.         NATURE           Particle system system or system of states         International Address To OFFICERS AND DIRECTORS         NOTE Regioned Agent representer was required to be fees         Make Check Payable to<br>Department of State           INATURE         OFFICERS AND DIRECTORS         11.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10           The<br>structures         State Address         State Address         On 11         Change         Addelsen           Truce Find Contribution         State Address         State Address         On 12         Change         Addelsen           The above named entity submits this statement for the purpose of changing its registered agent (or both, in the state of Florica.         Make Check Payable to<br>Department of State </td <td>4 FELNumber</td>   |  |   |   |  | 4 FELNumber  |  |  |  |
| C. Name and Address of Current Registered Agent     C. Name and Address of New Registered Agent     C. Name     C. Name and Address of New Registered Agent     Name   | Zip  | Country   | Zip   | Country  | ·  | \$9.75   |  |  |
| DX, IAMES A<br>601 DAVIE BLVD<br>T LAUDERDALE FL 33301       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         City       FL       Zip Code         City       FL       Zip Code         The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.       DATE         SNATURE       Byendre presentation of registered agent and the registered.       (hOTE: Hegistred Agent spatial registered agent, or both, in the state of Florida.         SNATURE       Byendre presentation of registered agent and the registered.       (hOTE: Hegistred Agent spatial registered agent, or both, in the state of Florida.         SNATURE       Byendre presentation of registered agent and the registered.       (hOTE: Hegistred Agent spatial registered agent, or both, in the state of Florida.         SNATURE       Deflection Campaign Floridon of Agent spatial registered agent.       Make Check Payable to Department of State         JONES, CHRISTOPHER G       Thit Mode       Addition       Make       Intermolection Campaign Floridons         SNATURE       Deflection Campaign Floridons       11.       Addition       Make       Intermolection Campaign Floridons         SNATURE       Intermolection Campaign Floridons       Intermolection Campaign Floridons       Intermolection Campaign Floridons       Intermolection Campaign Floridons       Intermolection Campaig  | <u>a</u>   |   | t Registered Agent  |  | <u> </u>   | Fee Requ   |  |  |
|  |  |   |   |  |  |  |  |  |
| City     FL     Zip Code       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.       SNATURE       Bigendure, byed or precedume of registered agent and title if acobaciate.       NOTE: Registered Agent agent and title if acobaciate.       PILE NOW: FEE IS \$61.25       9. Election Campaign Floring:       Competition Signature Contribution.       OPFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OPFICERS AND DIRECTORS IN 10       ITE       JONES, CHRISTOPHER G       State       OPTI LAUDERDALE FL 33312       TR       TR       YORK, ANTHONY R       TR       TR       YORK, ANTHONY R       BROWN, GRACE A       TR       TR       TR       TR       TR       TR       OPFICERS AND DIRECTORS       TR       TR       OPRICENS CONSTRUCTORS       TR       TR       TR       TR       OPRICENS AND DIRECTORS       TR       TR       TR       TR       TR       TR       TR       TR       TR <tr< td=""><td>8601 DAV</td><td>/IE BLVD</td><td></td><td>Street Add</td><td>aress (P.O. Box Number is No</td><td>ot Acceptable)</td><td></td></tr<>   | 8601 DAV   | /IE BLVD  |   | Street Add   | aress (P.O. Box Number is No                                 | ot Acceptable)   |  |  |
| The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.  GNATURE   | ft laude   | ERDALE FL 33301   |   | City   |  | Zip Co   | ode  |  |
| SINITURE Signature: byead or prevend name of registered agent and size if applicable  Signature: byead or prevend name of registered agent and size if applicable  FILE NOW: FEE IS \$61.25  S. Election Campaign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  I.  OFFICERS AND DIRECTORS  I.I.  OFFICERS AND DIRECTORS  I.I.  OFFICERS AND DIRECTORS IN 10  I.I.E  MAME SIGNATIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  I.I.E  MAME SIGNATIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  I.I.E  ABRAHAMS, JAN  IIIE ABRAHAMS, JAN  IIIIE ABRAHAMS, JAN  IIIE ABRAHAMS, JAN  III   | The above  |   |   |  |  | FL   '   |  |  |
| E TR Change Addition<br>Addition<br>ST-2P FORT LAUDERDALE FL 33312 CTY-ST-2P<br>E TR BLVD<br>ST-2P FT LAUDERDALE FL 33312 CTY-ST-2P<br>E TR Change Addition<br>Addition<br>MAKE<br>STREET ADDRESS<br>S001 DAVIE BLVD<br>STREET ADDRESS<br>STREET | GNATURE .  | Signature, typed or printed name of registered agen   | t and title if applicable. (NOT   | TE: Registered Agent signature                                       | required when reinstating)                                   | DATE   | e to   |  |
| E     JONES, CHRISTOPHER G     NAME       ET ADDRESS     3601 DAVIE BLVD     STREET ADDRESS       -ST-2P     FORT LAUDERDALE FL 33312     CITY-ST-2P       TR     Image     Addition       ET ADDRESS     3601 DAVIE BLVD     STREET ADDRESS       S301 DAVIE BLVD     Image     Addition       ET ADDRESS     3601 DAVIE BLVD     STREET ADDRESS       S301 DAVIE BLVD     Image     Addition       FORT LAUDERDALE FL 33312     Image     Image       YORK, ANTHONY R     Image     Image       E     TR     Image     Image       YORK, ANTHONY R     Image     Image     Image       ET ADDRESS     3601 DAVIE BLVD     STREET ADDRESS     Image       ST-2P     FORT LAUDERDALE FL 33312     Image     Image       FT ADDRESS     3601 DAVIE BLVD     STREET ADDRESS     Image       ST-2P     FORT LAUDERDALE FL 33312     Image     Image       TR     Image     Image     Image     Image       BROWN, GRACE A     Image     Image     Image     Image       ST-2P     FT LAUDERDALE FL 33312     Image     Image     Image       Image     Image     Image     Image     Image       ST-2P     FT LAUDERDALE FL 33312   | SNATURE .  | Signature, typed or printed name of registered agen   | t and title if applicable. (NO<br><b>9.</b> Election Ca<br>Trust Fund (   | TE: Registered Agent signature<br>Impaign Financing                  | required when reinstating)<br>\$5.00 May Be<br>Added to Fees | DATE<br>Make Check Payabl<br>Department of Sta   | te   |  |
| ABRAHAMS, JAN     Image in the  | GNATURE .  | Signature, typed or printed name of registered agen FILE NOW: FEE IS \$61.25 OFFICERS AND DI  | t and title if applicable. (NOT<br>9. Election Ca<br>Trust Fund t<br>RECTORS  | TE: Registered Agent signature<br>Impaign Financing<br>Contribution. | required when reinstating)<br>\$5.00 May Be<br>Added to Fees | DATE<br>Make Check Payabl<br>Department of Sta<br>TO OFFICERS AND DIRECTORS                                  | IN 10  |  |
| E       TR       Image: Delete       TITLE       Change       Addition         KE       YORK, ANTHONY R       NAME       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         3601 DAVIE BLVD       FORT LAUDERDALE FL 33312       CITY-ST-ZIP       Change       Addition         FORT LAUDERDALE FL 33312       Delete       TITLE       Change       Addition         E       TR       Delete       TITLE       Change       Addition         Street ADDRESS       3601 DAVIE BLVD       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         E       BROWN, GRACE A       Delete       TITLE       NAME       Street ADDRESS       Addition         -ST-ZIP       FT LAUDERDALE FL 33312       CITY-ST-ZIP       Street ADDRESS       Street ADDRESS       Addition         e       TR       Delete       TITLE       Change       Addition         e       TR       Delete       TITLE       Change       Addition         street ADDRESS       3601 DAVIE BLVD       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         e       TR       Delete       TITLE       NAME       Change       Addition         stratopress       Street ADDRESS <td>€<br/>GNATURE ,<br/>,<br/>,<br/>,<br/>,<br/>,<br/>,<br/>,<br/>,<br/>,<br/>,<br/>,<br/>,<br/>,<br/>,<br/>,<br/>,<br/>,<br/>,</td> <td>Signature, typed or printed name of registered agen<br/>FILE NOW: FEE IS \$61.25<br/>OFFICERS AND DI<br/>TR<br/>JONES, CHRISTOPHER G<br/>3601 DAVIE BLVD</td> <td>t and title if applicable. (NOT<br/>9. Election Ca<br/>Trust Fund t<br/>RECTORS</td> <td>TE: Registered Agent signature<br/>impaign Financing<br/>Contribution.</td> <td>required when reinstating)<br/>\$5.00 May Be<br/>Added to Fees</td> <td>DATE<br/>Make Check Payabl<br/>Department of Sta<br/>TO OFFICERS AND DIRECTORS</td> <td>IN 10</td>   | €<br>GNATURE ,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,   | Signature, typed or printed name of registered agen<br>FILE NOW: FEE IS \$61.25<br>OFFICERS AND DI<br>TR<br>JONES, CHRISTOPHER G<br>3601 DAVIE BLVD   | t and title if applicable. (NOT<br>9. Election Ca<br>Trust Fund t<br>RECTORS  | TE: Registered Agent signature<br>impaign Financing<br>Contribution. | required when reinstating)<br>\$5.00 May Be<br>Added to Fees | DATE<br>Make Check Payabl<br>Department of Sta<br>TO OFFICERS AND DIRECTORS                                  | IN 10  |  |
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| -ST-ZIP FT LAUDERDALE FL 33312 CITY-ST-ZIP TR Delete TITLE WILLIAMS, CLEMENT NAME  | €<br>GNATURE<br>GNATURE<br>C<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>A<br>D<br>E<br>E<br>E<br>T<br>A<br>D<br>R<br>E<br>E<br>E<br>T<br>A<br>D<br>R<br>E<br>S<br>T<br>- S<br>T<br>- S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S | Signeture, typed or printed name of registered agen<br>FILE NOW: FEE IS \$61.25<br>OFFICERS AND DI<br>TR<br>JONES, CHRISTOPHER G<br>3601 DAVIE BLVD<br>FORT LAUDERDALE FL 33312<br>TR<br>ABRAHAMS, JAN<br>3601 DAVIE BLVD<br>FORT LAUDERDALE FL 33312<br>TR<br>YORK, ANTHONY R<br>3601 DAVIE BLVD<br>FORT LAUDERDALE FL 33312<br>TR<br>BROWN, GRACE A<br>3601 DAVIE BLVD  | It and title if applicable. (NOT<br>9. Election Ca<br>Trust Fund (<br>RECTORS<br>Delete<br>Delete<br>Delete                   | TE: Registered Agent signature<br>Impaign Financing<br>Contribution. | required when reinstating)<br>\$5.00 May Be<br>Added to Fees | DATE Make Check Payabl Department of Sta TO OFFICERS AND DIRECTORS Change Change Change                      | te IN 10 . Addition Addition Addition                          |  |
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| ST ZIP       FT LAUDERDALE FL 33312       STREET ADDRESS         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 information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  | E<br>GNATURE<br>E<br>HE<br>EET ADDRESS<br>'-ST-ZIP<br>E<br>EET ADDRESS<br>-ST-ZIP<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E   | Signature, typed or printed name of registered agen<br>FILE NOW: FEE IS \$61.25<br>OFFICERS AND DI<br>TR<br>JONES, CHRISTOPHER G<br>3601 DAVIE BLVD<br>FORT LAUDERDALE FL 33312<br>TR<br>ABRAHAMS, JAN<br>3601 DAVIE BLVD<br>FORT LAUDERDALE FL 33312<br>TR<br>YORK, ANTHONY R<br>3601 DAVIE BLVD<br>FORT LAUDERDALE FL 33312<br>TR<br>BROWN, GRACE A<br>3601 DAVIE BLVD<br>FT LAUDERDALE FL 33312<br>TR<br>DALEY, MICHAEL<br>3601 DAVIE BLVD<br>FT LAUDERDALE FL 33312<br>TR                   | t and title if applicable. (NOT<br>9. Election Ca<br>Trust Fund to<br>RECTORS  Delete  Delete  Delete  Delete  Delete  Delete | TE: Registered Agent signature<br>Impaign Financing<br>Contribution. | required when reinstating)<br>\$5.00 May Be<br>Added to Fees | DATE Make Check Payabl Department of Sta TO OFFICERS AND DIRECTORS Change Change Change Change Change Change | te IN 10 Addition Addition Addition Addition Addition Addition |  |