2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 06, 2002 8:00 am § Secretary of State **DOCUMENT # N29527** 1. Entity Name YOUNGSTOWN BAPTIST CHURCH, INC. 03-06-2002 90076 034 ****61.25 Principal Place of Business Mailing Address 12005 HWY 231 P.O. BOX 229 11335 FIRST STREET (P.O. BOX 229) YOUNGSTOWN FL 32466 80038416 YOUNGSTOWN FL 32466 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 59-2827373 Not Applicable Country __Zip Country Zip \$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) GILLILAND, HENRY 10616 FLOYD LANE YOUNGSTOWN FL 32466 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete ☐ Addition TITLE TITLE ☐ Change BOSWELL, T.J. NAME NAME 12417 HWY 231 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Youngstown Fl CITY-ST-ZIP TITLE VD Addition ☐ Delete TITLE ☐ Change NAME otte, david M NAME STREET ADDRESS 12605 GREENBRIER DR STREET ADDRESS FOUNTAIN FL -- -CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition OTTE, GAIL NAME NAME 12605 GREENBRIER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fountain Fl PD Gililand Henry 10616 Floyd Lane Change TITLE ☐ Delete TITLE ☐ Addition GILLILAND, HENRY NAME NAME 10616 FLOYD LANE STREET ADDRESS STREET ADDRESS YounGSTOWN FL CITY-ST-ZIP YOUNGSTOWN FL CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition PEACOCK, ROY D. NAME NAME STREET ADDRESS 12036 VEAL ROAD STREET ADDRESS ipanama city fl CITY-ST-ZIP CITY-ST-ZIP PAS TITLE TITLE ☐ Change ☐ Addition PLAZARIN, WILLIAM NAME NAME STREET ADDRESS 11335 1ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP YOUNGSTOWN FL 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 with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #