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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # **N39046** 01-24-2003 90118 004 ****61.25 FIRST BAPTIST CHURCH OF WINTER BEACH, INC. Principal Place of Business Mailing Address P.O. BOX 156 6655 N. US #1 WINTER BEACH FL 32971 WINTER BEACH FL 32971 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-1971712 Not Applicable Zip Country Country 5. Certificate of Status Desired _ _ _ _ _____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDERSON, JANET Street Address (P.O. Box Number is Not Acceptable) 6020 65TH ST., P.O. BOX 51 WINTER BEACH FL 32971 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CR2E037 (10/02) Change ☐ Addition TITLE Delete TITLE HAMILTON, ALFRED J NAME NAME STREET ADDRESS STREET ADDRESS 5940 26TH ST. CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32966 **VPT** ☐ Addition ☐ Delete TITLE ☐ Change TITLE BASS, G. EARL NAME NAME STREET ADDRESS 7546 59TH AV--STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32967 Delete TITLE ☐ Change ☐ Addition TITLE CLOUSTON, REX NAME NAME STREET ADDRESS 955 28TH AV STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ANDERSON, JANET NAME STREET ADDRESS 6020 65TH ST. STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32971 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. Thereby 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:

YOU TURE DE CUIRED

1-16-03

772-562-5/54