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

DOCUMENT # N40533



FILED Apr 14, 2003 8:00 am Secretary of State

| 1. Entity Nan FIRST BA | PTIST CHURCH OF SEVEN SP | RINGS, INC. | | | 4-14-2003 90352 0 ₄ | | | |
|--|--|---|--|--|--------------------------------|---------------------------------------|--|-------------------|
| 3611 LITTLE R | | Mailing Address 3611 LITTLE ROAD NEW PORT RICHEY FL 346 | 55 | | | | | |
| 6538 Ringe Rp.34668 2. Principal Place of Business 3. Mailing Address | | | | | | | | |
| 2. Principal Place of Business PORT Richey, Fl. 6538 Ribse | | | e a R D - | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | PERBE | | HECK HERE IF MAKING | CHANGES | | |
| PORT | | PORT RICH | | 4. FEI Number 65- | 0903188 | <u>_</u> | pplied For ot Applicable |] |
| 3461 | | 3 4668 | USA_ | 5. Certificate of Stat | os pesileo 🖺 l | \$8.75 Add | | |
| | 6. Name and Address of Current Re | gistered Agent | Name | | ss of New Registered A | gent | | ł |
| 3611 LIT | 'Illiam H Jr Tle Road Rt Richey Fl 34655 | | City | ess (P.O. Box Number is No | **** | AIL Zio Code | | |
| | e named entity submits this statement for the | ne purpose of changing its | Neu | W PORT RIC gistered agent, or both, in th | | 346 amiliar with, | and accept | |
| SIGNATURE | Signature, typed or printed name of registered agent and | <u> </u> | : Registered Agent signature re | | 4 - 3 - | 03 | | |
| | | | | | | | | , |
| | FILE NOW: FEE IS \$61.25 | 9. Election Cam Trust Fund C | npaign Financing | \$5.00 May Be Added to Fees | Make Check Florida Depart | | | |
| 10. | FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECT | Trust Fund C | npaign Financing | Added to Fees | | ment of S | State . | |
| 10. | OFFICERS AND DIRECTION | Trust Fund C | npaign Financing ontribution. | Added to Fees | Florida Depart | ment of S | State . | (60/0 |
| 10. | OFFICERS AND DIRECT TRIVERS, CARL | Trust Fund C | npaign Financing ontribution. | Added to Fees | Florida Depart | ment of S | State 10 | 7 (10/02) |
| 10 TITLE NAME | OFFICERS AND DIRECTION | Trust Fund C | npaign Financing ontribution. 11. TITLE NAME | Added to Fees | Florida Depart | ment of S | State 10 | E037 (10/02) |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS AND DIRECT JAMES, CARL 3415 OTTWAY DR HOLIDAY FL 34691 | Trust Fund C | npaign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Added to Fees | Florida Depart | ment of S | State 10 | CB9E037 (10/09) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | OFFICERS AND DIRECT JAMES, CARL 3415 OTTWAY DR HOLIDAY FL 34691 DTR MATTHEWS, DAVID | Trust Fund C | npaign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Added to Fees | Florida Depart | ECTORS IN Change | 10 Addition | CB0E037 (40/09) |
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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:

4-3-03