2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 AM
Secretary of State

DOCUMENT# N45978

Entity Name: COOPERATIVE BAPTIST FELLOWSHIP OF FLORIDA, INC.

Current Principal Place of Business:

820 MCDONALD ST
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2556
LAKELAND, FL 33806

New Mailing Address:

FEI Number: 59-3104330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, CAROLYN C
820 MCDONALD STREET
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PAGE, JOYCE
Address: 50 N. ST. ANDREWS DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete
Name: MILLS, ROBERT
Address: 500 N. PALAFOX ST
City-St-Zip: PENSACOLA, FL 32501

Title: SD ( ) Delete
Name: ANDERSON, CAROLYN,
Address: 817 LEXINGTON ST
City-St-Zip: LAKELAND, FL

Title: D ( ) Delete
Name: BROWN, RICHARD
Address: 1501 GRIFFIN ROAD
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PAGE, JOYCE
Address: 50 N. ST. ANDREWS DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: BROWN, RICHARD
Address: 1501 GRIFFIN ROAD
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Change (X) Addition
Name: SMITH, WILLIAM
Address: 9841 MAINSAIL COURT
City-St-Zip: FT. MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN C. ANDERSON SD 03/26/2002

Electronic Signature of Signing Officer or Director — Date