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

DOCUMENT # N50266

1. Firstly Marrie ICHETUCKNEE RIVER BAPTIST CHURCH, INC. Principal Place of Business Sett 1 CR 137 Sett	Jan 13, 2003 8:00 am Secretary of State			
2891 CR 137 O'BRIEN FL 32071-9723 US SURE, Apt. #, etc. CHECK HERE IF MAKING CHANGES, City & State City & FL Zip Code City				
Suite, Apt. #, etc. CHPCK HERE IF MAKING CHANGES, CRIV & State CRIV & CRIV & State CRIV				
City & State Country Country Country Country S. Contricate of Status Desired \$8.75 Addition Fee Required Fee Required Fee Required Fee Required 7. Name and Address of New Registered Agent Name ShiPES, MARVIN 25811 CR 137 O'BRIEN FL 32071-9723 City FL 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 the obligations of registered agent, or both in the State of Florida. I am familiar with, and the obligations of registered agent, or both in the State of Florida. I am familiar with, and the obligations of registered agent				
Zip Country Zip Country 5. Centificate of Status Desired S8.75 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name 7. Name and Address of New Registered Agent 8. Name 8. Name 8. Street Address (P.O. Box Number is Not Acceptable) SIPES, MARVIN 25811 CR 137				
SNIPES, MARVIN 25811 CR 137 O'BRIEN FL 32071-9723 City FL Zip Code 3. 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 the obligations of registered agent agent and store it applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Agent signature required when remataling) Trust Fund Contribution. Deficers AND DIRECTORS TILE MAKE BOSSERMAN, TERRY MAKE BOSSERMAN, TERRY	ied For Applicable			
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O. OFFICERS AND DIRECTORS TILE AME BOSSERMAN, TERRY AME ITITLE AME BOSSERMAN, TERRY AME AME BOSSERMAN, TERRY AME TREET ADDRESS TTY-ST-ZIP TLE T T T T T T T T T T T T T T T T T T				
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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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP