2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # N93000001853 1. Entity Name CROOM ROAD BAPTIST CHURCH, INC. 03-20-2000 90133 044 \*\*\*\*61.25 Principal Place of Business Mailing Address CROOM ROAD BAPTIST CHURCH, INC. CROOM ROAD BAPTIST CHURCH, INC 12016 CR 681 12016 CR 681 WEBSTER FL 33597-7336 WEBSTER FL 33597 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 59-3222948 Not Applicable Zip Zip Country \$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) CHEATHAM, GUYLEN L SR 4759 CR 688 WEBSTER FL 33597 City Zip Code Fì 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to .FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State .. FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. CHEATHAM, BelindA ☐ Change TITLE TITLE 759 CR 688 NAME NAME YOXTHEIMER, RUTH E STREET ADDRESS STREET ADDRESS 11799 C R 682 Webster FL 33597 CITY-ST-ZIP CITY-ST-ZIP WEBSTER FL 33597 TITLE TITLE ☐ Change Addition | Ð Delete NAME NAME BYRUM, JOY STREET ADDRESS STREET ADDRESS 3263 CR 675 CITY-ST-ZIF CITY-ST-ZIP WEBSTER FL 33597 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HANNAH, JENEVIVE STREET ADDRESS STREET ADDRESS 4863 SW 122ND LANE CITY-ST-ZIP CITY-ST-ZIF WEBSTER FL 33597 Delete ☐ Change ☐ Addition DC TITLE TITLE NAME ADAMS, AARON NAME STREET ADDRESS STREET ADDRESS 3723 CR 656 CITY-ST-ZIE CITY-ST-ZIP WEBSTER FL 33597 ☐ Change ☐ Addition TITLE TITLE NAME NAME SEESEM ED

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

TITLE

STREET ADDRESS CITY-ST-ZIE

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

4795 SW 122 LANE

WEBSTER FL 33597

SEESE, ANDREW

WEBSTER FL 33597

12344 CR 684

SIGNATURE: Land Colomb SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition