2002 UNIFORM BUSINESS REPORT (CBR)

DOCUMENT # N9500000103 1. Entity Name 03-29-2002 91398 047 ****61.25 FAITH BAPTIST CHURCH OF POLK COUNTY, INC. Principal Place of Business Mailing Address 365 TERRACE AVE W P.O. BOX 564 29731 LAKE ALFRED FL 33850 LAKE ALFRED FL 33850 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3289676 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Nell Guy Street Address (P.O. Box Number Is Not Acceptable) **NELL HOWELL** 511 ORANGE ST **AUBURNDALE FL 33823** Zip Code 33823₌≩ Auburndale 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. 3-18-2002 8 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. <u>6</u> Addition TITLE X Delete TITLE Change HODGE, JAMES NAME MAME Downs, Doris 415 JOSH REYNOLDS RD. STREET ADDRESS STREET ADDRESS 260 E. Hoffman St. LAKELAND FL 33801 CITY-ST-ZIP CITY-ST-ZIP 33850 Lake Alfred, Fl ☐ Delete TITLE ☐ Change ☐ Addition HOUSTON, PARMER MAME NAME **602 PINE STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AUBURNDALE FL 33823 CITY-ST-ZIP TITLE □ Delete **Change** Addition NELL HOWELL NAME Nell Guy STREET ADDRESS 511 ORANGE ST STREET ADDRESS 101 Smith St AUBURNDALE FL CITY-ST-ZIP CITY-ST-ZIP Auburndale, Fl. 33823 TILE. TITLE Delete ☐ Change **Addition** 101 Smith St NAME NAME STREET ADDRESS STREET ADDRESS Aubarndole FL 33823 CITY-ST-ZIP CITY-ST-2IP Delete ΠΠF Parmer T/T1 F NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

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FILED May 28, 2002 8:00 am Secretary of State