FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jul 05, 2001 8:00 am Secretary of State DOCUMENT # N9500000290 1. Entity Name 07-05-2001 90006 040 ****61.25 FULL GOSPEL BAPTIST CHURCH FELLOWSHIP OF FLORIDA Principal Place of Business | Delle Mailing Address 1734 STATE AVENUE P.O. BOX 11047 **TOOLIUUK** HOLLY HILL FL 32117 DAYTONA BEACH FL 32120 Principal Place of Business 3. Maijing Address 1214 Avondale 1214 Avonda Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number West falm Beach Applied For mBrac 65-0575518 Not Applicable \$8.75 Additional 33ั409 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 105e0 Street Address (P.O. Box Number is Not Acceptable) KELLER, DEBRA A 1734 STATE AVENUE Lune HOLLY, HILL FL 32117 Zip 23409 8. The above named egitiv submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Make Check Payable to FILE NOW: 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Department of State-**FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE Delete TITLE Harris, Arlet GRANGER, WALTER 0 BISHOP NAME NAME 1111 36th Street West Palm Beach, FL STREET ADDRESS 1111 36TH ST STREET ADDRESS CITY-ST-ZIP WPB FL 33409 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change TRIPLETT, DEREK T BISHOP NAME Doseph, Kim STREET ADDRESS 1734 STATE AVENUE STREET ADDRESS Avondale Lane alm Beach, FL. CITY-ST-ZIP CITY-ST-ZIE HOLLY HILL FL 32117 TITLE Delete TITLE Addition KELLER, DEBRA A ikes, Manuel NAME NAME 1645 16th Street South 1734 STATE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLY HILL FL 32117 CITY-ST-ZIP Petersburg FL. ☐ Delete TITLE ☐ Change Addition TITLE Gordon, Jacquelyn NAME 1312 E. University Blid STREET ADDRESS STREET ADDRESS 1cl bourne, FL 32901 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition Troplet Derek T Bishop NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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