FILED

Paul D. Grorge Jan 16-200 355-415

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

Jan 19, 2001 8:00 am DOCUMENT # N9500001072 Secretary of State 1. Entity Name TENTH STREET BAPTIST CHURCH, INC. 01-19-2001 90025 009 ****61.25 Principal Place of Business Mailing Address 1136 E. 10TH ST. 1136 E. 10TH ST. TECFOUNT JACKSONVILLE FL 32206 JACKSONVILLE FL 32206 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1361882 Not Applicable Country Zìp \$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) GEORGE, REV. DANNY 1136 E. 10TH ST. JACKSONVILLE FL 32206 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PΩ ☐ Change CR2E037 (10/00) TITLE Delete TITLE GEORGE, DANNY REV. NAME NAME STREET ADDRESS 1136 E. 10TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32206 Addition TITLE ☐ Delete TITLE Change ALDERMAN, JAMES NAME. NAME STREET ADDRESS 1136 E. 10TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32206 TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME WILLIAMS, ALTORPH E.J. NAME STREET ADDRESS STREET ADDRESS 1136 E. 10TH ST. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32206 Addition TITLE ☐ Delete TITLE ☐ Change GEORGE, POLLY D NAME NAME STREET ADDRESS STREET ADDRESS 1136 E. 10TH ST. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32206 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CÍTY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition 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