FILE NOW: FILING FEE IS $61.25

FILED
Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002361

1. Corporation Name
CANDLER UNITED BAPTIST INC.

Principal Place of Business	Mailing Address
10461 SE MARICAMP RD.	P.O. BOX 151

3. Date Incorporated or Qualified: 4-29-96
3a. Date of Last Report: 5-96

2. Principal Place of Business	2a. Mailing Address
21 10461 SE MARICAMP RD.	26 P.O. BOX 151
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: CANDLER, FL.	28 City & State: CANDLER, FL.
24 Zip: 32111 25 Country: MARION	29 Zip: 32111 30 Country: MARION

4. FEI Number: 59-3280734 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUBERT WEBB 11911 SE 95th TERR. BELLEVIEW, FL 34420	81 Name: EDWARD TAYLOR 82 Street Address (P.O. Box Number is Not Acceptable): 15210 SE 104th CT. 83 SUMMERFIELD, FL. 84 City: FL 85 Zip Code: 34491

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Edward Taylor EDWARD TAYLOR 3-27-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR HERSHEL KEEN-D 7110 NE FT. KING PL. OCALA, FL. 34470 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ED TAYLOR-T/T 15210 SE 104th CT. SUMMERFIELD, FL 34491 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JAMES WILSON-S/T 545 SILVER COURSE TERR. OCALA, FL. 34472 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE HUBERT WEBB-T 11911 SE 95th TERR. BELLEVIEW, FL. 34420 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 700002131307 -04/02/97--01061--030 ***61.25

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with any address.

SIGNATURE: Rev. Hershel Keen HERSHEL KEEN 3-27-97 352-236-5168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #