2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # N9600003211 1. Entity Name FRANCIS BAPTIST CHURCH, INC. 01-26-2000 90042 044 ****61.25 Principal Place of Business Mailing Address 155 COUNTY RD 309-C 155 COUNTY RD 309-C RT 4 BOX 755 RT 4 BOX 755 PALATKA FL 32177 PALATKA FL 32177-9342 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2436471 Not Aprilia Country Zip 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 Nama Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, WILLIAM 155 COUNTY RD 309-C RT 4 BOX 755 Zip Code PALATKA FL 32177 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 Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11, Addition TITLE ☐ Change TITLE ☐ Delete Stephens, Jerry NAME NAME STREET ADDRESS STREET ADDRESS 105 OLD RAILROAD LN RT 4 CITY-ST-ZIP CITY-ST-ZIP PALATKA FL 32177 ☐ Addition ☐ Change TITLE D٧ ☐ Delete TITLE NAME BELL, EDNA NAME 132 UNDERWOOD DR RT 5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALATKA FL 32177 ☐ Change TITLE ☐ Delete TITLE Addition NAME STEPHENS, JANET NAME STREET ADDRESS 105 OLD RAILROAD LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALATKA FL 32177 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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), Fiorida 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.