2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or truetee em changed, or on an attachment with an address

SIGNATURE:

FILED May 22, 2002 8:00 am Secretary of State DOCUMENT # N9900000623 BEARING CROSS BAPTIST CHURCH, INC. 05-22-2002 90145 023 ****61.25 Mailing Address Principal Place of Business 8800 N. NINTH AVE 8800 N. NINTH AVE 400040 PENSACOLA FL PENSACOLA FL 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3541774 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HOWELL, ROBERT M 8800 N. NINTH AVE PENSACOLA FL Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Change TITLE □ Delete TITLE NAME HOWELL, ROBERT M NAME STREET ADDRESS STREET ADDRESS 7604 HARVEY STREET CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL 32508 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME WILLIAMSON, DAVID STREET ADDRESS STREET ADDRESS 544 ROYCE ST CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503 ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME LASSETER, GLENN STREET ADDRESS STREET ADDRESS 3538 DELOACH ST CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 Change ☐ Addition ☐ Delete TITLE NAME NAME HAIGLER, JOE STREET ADDRESS 6257 CONFEDERATE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME LOLLAR, BILL NAME STREET ADDRESS STREET ADDRESS 7606 HARVET ST CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32506 Addition ☐ Change ☐ Delete TITLE TITLE 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 accurage 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 truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

anil 28, 2002