FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am [§] Secretary of State DOCUMENT # N99000004928 1. Entity Name TRUSTEES, SPRINGFIELD BAPTIST CHURCH, INC. 04-19-2001 90029 027 ****61.25 Principal Place of Business Mailing Address 3615 EAST THIRD STREET 3615 EAST THIRD STREET PANAMA CITY FL PANAMA CITY 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 City & State 4. FEI Number 59-0976514 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LITTLE, JAMES W 2726 EAST 19TH COURT . 1 PANAMA CITY FL 32405-7202 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE LITTLE, JAMES W NAME NAME 2726 EAST 19TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405-7202 CITY-ST-ZIP V Change ☐ Addition TITLE Delete TITLE SWEARINGEN, EDWARD NAME NAME 1900 EAST THIRD STREET STREET ADDRESS STREET ADDRESS CITY_ST-ZIP_ PANAMA CITY FL 32401. CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete CALFEE, HUDSON NAME NAME 300 SOUTH GAY AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP PANAMA CITY FL 32404 ☐ Change ☐ Addition ☐ Delete TITLE TITLE GILLIKIN, CHARLES F NAME NAME 100 MARTIN LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32404 CITY-ST-ZIP Change ☐ Addition Delete TITLE James Glisson LEE, ALBERT NAME NAME 542 Powell Ave 4105 CHERRY STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32404 CITY-ST-ZIP <u>Panama City, Fl</u> Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

amen W. U. Steve QUI STAMES W. Little 4 APR 2001

(850)785-5041