2003 NOT-FOR-PROFIT CORPORATION

May 05, 2003 8:00 am § **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # N9900006471 05-05-2003 90385 034 ****61.25 TAMPABAY CHINESE BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 1900 GANDY BLVD 1900 GANDY BLVD SAINT PETERSBURG FL 33702 SAINT PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3608890 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHI, JIANXIN J Street Address (P.O. Box Number is Not Acceptable) 8641 - 124TH WAY NORTH SEMINOLE FL 33772-3314 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. I am familiar with, and accept the obligations of registered agent. 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 Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD ☐ Addition ☐ Delete TITLE NAME -JIANXIN≾SHI NAME STREET ADDRESS 8641 124TH WAY NORTH STREET ADDRESS CITY-ST-ZIP SEMÍNOLE FL 33772 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change WANG, YUNGFEI NAME 10598 SHADY OAK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33777** TITLE ☐ Delete ☐ Change Addition HUI, BARBARA NAME NAME STREET ADDRESS 5090 WHITE PINE CIR NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33713 TITLE X Delete TITLE ☐ Change ☐ Addition WANG, YUNGFEI NAME NAME STREET ADDRESS 9276 ELM CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SEMINOLE FL 33776** TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED