| 528 TERRANO WINTER HAVE | | | | |
|--|---|--------------------------|--|----------------------|
| Current Mailing Address: | | | | |
| 528 TERRANOVA CIRCLE. WINTER HAVEN, FL 33884 US | | | | |
| FEI Number: 26-2977778 | | | Certificate of Status Desired: No | |
| Name and Address of Current Registered Agent: | | | | |
| KINGCADE, WILLIE L 528 TERRANOVA CIRCLE. WINTER HAVEN, FL 33884 US | | | | |
| 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. | | | | |
| The above named | I entity submits this statement for the purpose of changing its regis | tered office or regis | tered agent, or both, in the State of Flo | orida. |
| | entity submits this statement for the purpose of changing its regis WILLIE KINGCADE | tered office or regis | tered agent, or both, in the State of Flo | orida. 04/17/2023 |
| | - | tered office or regis | tered agent, or both, in the State of Flo | |
| | Electronic Signature of Registered Agent | tered office or regis | tered agent, or both, in the State of Flo | 04/17/2023 |
| SIGNATURE | Electronic Signature of Registered Agent | tered office or regis | tered agent, or both, in the State of Flo | 04/17/2023 |
| SIGNATURE | WILLIE KINGCADE Electronic Signature of Registered Agent ctor Detail : | | | 04/17/2023 |
| SIGNATURE Officer/Direc Title | WILLIE KINGCADE Electronic Signature of Registered Agent Ctor Detail : PRESIDENT | Title | TREASURER | 04/17/2023 |
| SIGNATURE Officer/Direc Title Name | Electronic Signature of Registered Agent Ctor Detail : PRESIDENT WILLIE, KINGCADE L 528 TERRANOVA CIRCLE. | Title Name | TREASURER JOHNSON, HENERY 2250 PALM AVENUE | 04/17/2023 |
| SIGNATURE Officer/Dire Title Name Address | Electronic Signature of Registered Agent Ctor Detail : PRESIDENT WILLIE, KINGCADE L 528 TERRANOVA CIRCLE. | Title Name Address | TREASURER JOHNSON, HENERY 2250 PALM AVENUE | 04/17/2023 |

Address

City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DR. BENNY MCLEOD

VIC PRESIDENT

3105 DOUGLAS AVENUE

FORT MYERS FL 33916

04/17/2023

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0800006622

Entity Name: MISSIONARY BAPTIST FELLOWSHIP STATE CONVENTION OF FLORIDA, INC

Current Principal Place of Business:

1948 VERONA STREET

City-State-Zip: FT. MYERS FL 33616

Address

FILED Apr 17, 2023 **Secretary of State** 9641103607CC

Date