2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90911 017 ****70.00

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DOCUMENT # 707592

1. Entity Name

FORREST AVENUE INDEPENDENT MISSIONARY BAPTIST CH

Principal Place of Business	Mailing Address
200 E 6TH ST APOPKA FL 32703	200 E 6TH ST APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2399903 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARPER, J. R.
903 N THOMPSON ROAD
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name: DANNY MOTES
Street Address (P.O. Box Number is Not Acceptable): 10627 5TH AVENUE
City: OCOEE, FL **FL** Zip Code: 34761

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: PD DANNY MOTES — 04-25-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, EGBERT T 8040 SUN VISTA WY ORLANDO FL 33822	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCARVER, BOBBY G PO BOX 522 N/A ZELLWOOD, FL 00000	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARPER, J. R. 903 N THOMPSON ROAD APOPKA FL	☒ Delete	PD DANNY MOTES 10627 5TH AVE OCOEE, FL 34761	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HARPER, RUTH 903 N THOMPSON ROAD APOPKA, FL 00000	☒ Delete	S JAMES H HOPKINS 13905 W. COLONIAL DRIVE WINTER GARDEN, FL 34787	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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 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.

SIGNATURE: S JAMES H HOPKINS SUP James H Hopkins 04-25-2001 407-654-0731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #