

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90110 018 *****70.00

DOCUMENT # 707592

1. Entity Name

**FORREST AVENUE INDEPENDENT MISSIONARY BAPTIST CH
URCH OF APOPKA, INC.**



Principal Place of Business

**200 E 6TH ST
APOPKA FL 32703**

Mailing Address

**200 E 6TH ST
APOPKA FL 32703**

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

7. Name and Address of New Registered Agent

**MOTES, DANNY
10627 5TH AVENUE
OCOE FL 34761**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARVER, BOBBY G PO BOX 522 N/A ZELLWOOD, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOTES, DANNY 10627 5TH AVENUE OCOE FL 34761	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOPKINS, JAMES H 13905 W COLONIAL DRIVE WINTER GARDEN FL 34787	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUGULETTO, MARK 1359 YVONNE ST APOPKA, FL 32712	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOTES, KIMBERLY 10627 5TH AVENUE OCOE FL 34761	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

DANNY MOTES PD

05/12/03

407-654-8818

CR2E037 (10/02)