2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 711962 Mar 15, 2000 8:00 am Secretary of State 1. Entity Name ISLAND VIEW BAPTIST CHURCH, INC. 03-15-2000 90099 005 ****61.25 Principal Place of Business Mailing Address 900 PARK AVENUE 900 PARK AVENUE **ORANGE PARK FL 32073** ORANGE PARK FLA 32073-4120 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1310919 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DETTMER, Ron Street Address (P.O. Box Number is Not Acceptable) WESTBERRY, DOUGLAS <u>2756 Connie Circle</u> 3648 WATERSIDE DR. ORANGE PARK FL 32073 City Orange Park Zia Coge 5 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. Ron Dettmer, Chairman of Trustees SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS! 10. 11. XX Addition TITLE Delete TITLE DVP ☐ Change SNIDER, CLARENCE L FIELDS, Pam NAME NAME 632 SAN ROBAR DR STREET ADDRESS STREET ADDRESS 2456 Stonebridge Drive ORANGE PARK FL CITY-ST-ZIP CITY-ST-ZIP Orange Park, Fl 32065 **XX**Delete ☐ Change XX Addition TITI.E TITLE WILHARM, BETTY HALL, Jim NAME NAME 7402 ORTEGA HILLS DR. 389 ARTHUR MOORE DRIVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32244 CITY-ST-ZIP CITY-ST-ZIP ORANE PARK FL 32073 DAVP XX Addition TITLE **XX**Delete Change TITLE TREADWAY, GENE NAME NAME CONNER, Scott 2334 STAFFORD DR STREET ADDRESS STREET ADDRESS 3197 FIRESIDE DRIVE ORANGE PARK FL CITY-ST-ZIP CITY-ST-7IP MIDDLEBURG, FL 32068 XX Change TITLE ☐ Delete TITLE ☐ Addition WESTBERRY, DOUGLAS NAME NAME 3648 WATERSIDE DR STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32065** CITY-ST-ZIP CITY-ST-ZIP DVP TITLE ☐ Delete DΡ X Change ☐ Addition DETTMER, RON 2756 CONNIE CIRCLE STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition YEARWOOD, David NAME NAME 563 ROCKÍNGHAM RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL 32073 CITY-ST-7IP

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 my an address, with all other like impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR