2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757521

1. Entity Name

GLENCOE BAPTIST CHURCH, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State
01-29-2000 90100 005 ****61.25

Principal Place of Business	Mailing Address
196 N GLENCOE RD P O BOX 702938 NEW SMYRNA BEACH FL 32170	196 N GLENCOE RD P O BOX 702938 NEW SMYRNA BEACH FL 32170-2938

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 59-0212714 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, LARRY E
1103 S. RIVERSIDE DR.
EDGEWATER FL 32132

7. Name and Address of New Registered Agent

Name Rick D'Alessio

Street Address (P.O. Box Number is Not Acceptable) 215 Spring Forest Drive

City New Smyrna Beach **FL** Zip Code 32168

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 Rick D'Alessio/Deacon — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE January 17, 2000

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 CARSON, HUGH 1830 SABAL PALM DR EDGEWATER FL 32132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD/S Rick D'Alessio 215 Spring Forest Drive New Smyrna Beach, FL 32168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUNDAGE, BILLY PARSLEY LANE NEW SMYRNA BEACH FL 32168	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARRIS, LARRY E 1105 S RIVERSIDE EDGEWATER FL 32132	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYASHI, DARRY M 3210 KUMQUAT DR EDGEWATER FL 32141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOOTH, C L 1803 LIME TREE DR EDGEWATER FL 32132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Rick D'Alessio Rick D'Alessio — January 17, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 904-428-