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

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FILED
Apr 01, 2003 8:00 am
Secretary of State
01-13-2003 90446 021 ****61.25

DOCUMENT # 757521

1. Entity Name
GLENCOE BAPTIST CHURCH, INC.

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 32168 / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
~~DALESSIO, RICK~~ ~~215 SPRING FOREST DRIVE~~ ~~NEW SMYRNA BEACH FL 32168~~	Name: Darry T. Hayashi Street Address (P.O. Box Number is Not Acceptable): 3210 Kumquat Dr. City: Edgewater FL Zip Code: 32141

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: Darry T. Hayashi, Managing Director
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	~~MDG~~ ~~DALESSIO, RICK~~ ~~215 SPRING FOREST DRIVE~~ ~~NEW SMYRNA BEACH FL 32168~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYASHI, DARRY ~~M~~ T 3210 KUMQUAT DR EDGEWATER FL 32141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Darry T. Hayashi	☒ Change ☐ Addition
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLIE CONLEY 144 W. CONNECTICUT AVE. 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Kellie Enclosed Treasurer 1/9/03 (386)428-3959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #