

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 07, 2001 8:00 am**  
**Secretary of State**

08-07-2001 90005 029 \*\*\*\*61.25  
 08-07-2001 90022 025 \*\*\*\*61.25

*MC*  
*FLD*  
*11/9/01*  
*TRM*

DOCUMENT # **N33065**  
 1. Entity Name **COMMUNITY**  
**INDIGO LAKES BAPTIST CHURCH, INC.**

Principal Place of Business Mailing Address  
**950 WILLIAMSON BLVD.** **950 WILLIAMSON BLVD.**  
**DAYTONA BEACH FL 32114-7131** **DAYTONA BEACH FL 32114-7131**

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

Zip Country Zip Country  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

4. FEI Number **59-2958860** Applied For Not Applicable

6. Name and Address of Current Registered Agent  
**COPELAND, RICHARD F**  
**1124 LAKEWOOD PARK DR**  
**DAYTONA BEACH FL 32114-7131**

7. Name and Address of New Registered Agent  
 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.  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	TR	<input type="checkbox"/> Delete
NAME	STRICKLAND, FRANCIS	
STREET ADDRESS	<del>1300 WINDY HILL</del> 552 Woodgrove ST	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	PASTOR, ERNEST A.	
STREET ADDRESS	108 POINT O'WOODS DR.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	HOOFNAGLE, WILLIAM	
STREET ADDRESS	120 PEACHTREE CIRCLE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	COPELAND, RICHARD F	
STREET ADDRESS	1131 LAKEWOOD PARK DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	TR	<input type="checkbox"/> Delete
NAME	WILSON, GLORIA	
STREET ADDRESS	103 VAN AVE.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Richard F. Copeland* **REQUIRED** 5/14/01 (386) 274-2129  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE



Attachment # N33065  
774208

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 1, 2001

INDIGO COMMUNITY CHURCH, INC.  
950 WILLIAMSON BLVD.  
DAYTONA BEACH, FL 32114-7131

Subject: INDIGO LAKES BAPTIST CHURCH, INC.

*Please note name change  
recorded with State of Florida.*

Reference Number: N33065

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/tm  
ANNUAL REPORTS SECTION

*Corrected as instructed.*

*Richard Copeland  
Treasurer*