

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90199 048 \*\*\*\*61.25

**DOCUMENT # N33065**

1. Entity Name

**INDIGO COMMUNITY CHURCH, INC.**

Principal Place of Business

**950 NORTH WILLIAMSON BLVD.  
 DAYTONA BEACH FL 32114-7131**

Mailing Address

**950 NORTH WILLIAMSON BLVD.  
 DAYTONA BEACH FL 32114-7131**

00103304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2958860**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**COPELAND, RICHARD F  
 1131 LAKEWOOD PARK DR  
 DAYTONA BEACH FL 32117**

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

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input type="checkbox"/> Delete
NAME	<b>STRICKLAND, FRANCIS</b>	
STREET ADDRESS	<b>552 WOODGROVE ST</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	<b>PASTOR, ERNEST A.</b>	
STREET ADDRESS	<b>108 POINT O'WOODS DR.</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	<b>HOOFNAGLE, WILLIAM</b>	
STREET ADDRESS	<b>120 PEACHTREE CIRCLE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>COPELAND, RICHARD F</b>	
STREET ADDRESS	<b>1131 LAKEWOOD PARK DRIVE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE	TR	<input type="checkbox"/> Delete
NAME	<b>WILSON, GLORIA</b>	
STREET ADDRESS	<b>103 VAN AVE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32118</b>	
TITLE		<input type="checkbox"/> Delete
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		
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, GLORIA</b>	
STREET ADDRESS	<b>108 LACOSTA LANE #623</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32114</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/02 386-274-2129**  
 Date Daytime Phone #