2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 11, 2000 8:00 am Secretary of State DOCUMENT # N9700003202 1. Entity Name DELAND OPEN BIBLE CHURCH, INC. 02-11-2000 90037 034 ****70.00 Principal Place of Business Mailing Address 5693 WINONA TRL. 100 WEST RICH AVENUE DELAND FL 32720 DELEON SPRINGS FL 32130-3650 2. Principal Place of Business 3. Mailing Address SAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3451958 DELAND Not April Country \$8.75 Additional 5. Certificate of Status Desired VO JUSIA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HVINGER Street Address (P.O. Box Number is Not Acceptable) CLARK, FRANCIS L 5693 WINONA TRL. 2500 E. LAKE DR. DELEON SPRINGS FL 32130 Zip Code 32724 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 (NOTE: Registered Agent signature required when reinstating) ? Election Campaign Financing ورجع Make Check Payable to **FILE NOW:** \$5.00 May Be 1,570 Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change **PDC Delete** TITLE ንፈ ዋ TITLE AVINGER, THOMAS 2500 E. LAKE DR. CLARK, FRANK NAME STREET ADDRESS STREET ADDRESS 5693 WINONA TRAIL DSIANO - FLA CITY-ST-ZIP 32724 CITY-ST-ZIP DELEON SPRINGS FL 32130 Change Delete TITLE SHARON TITLE AVINGER, DR. NAME CLARK, FAYE L STREET ADDRESS STREET ADDRESS **5693 WINONA TRAIL** CITY-ST-ZIP CITY-ST-ZIP DELEON SPRINGS FL 32130 TITLE Delete MEEKS, William Blvo. NAME AVINGER, THOMAS STREET ADDRESS STREET ADDRESS 4655 SOUTH TOMOKA DRIVE CITY-ST-ZIP DE/toNA . F/A. 32738 CITY-ST-ZIP **DELEON SPRINGS FL 32130** ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change \Box :... TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \Box ... ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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 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 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 in changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

2-7-00 904-943-1100