2000 UNIFORM BUSINESS REPORT (UBR)

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

FILED DOCUMENT # **703226** Apr 12, 2000 8:00 am Secretary of State 1. Entity Name DERBYSHIRE BAPTIST CHURCH, INC. 04-12-2000 90029 038 ****61.25 Principal Place of Business Mailing Address 1127 DERBYSHIRE RD 1127 DERBYSHIRE RD. HOLLY HILL FL 32117-1813 HOLLY HILL FL 32117-1813 3. Mailing Address 2. Principal Place of Business 1. 1. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1486534 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TODD, RONALD L 6163 SEQUOIA DR PORT ORANGE FL 32127 Zip Code City FL 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 的复数医乳 机压 20人物的 減速流 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) , FILE NOW: . 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. PD □ Change ☐ Addition ☐ Delete TITLE TITLE TODD, RONALD L NAME NAME STREET ADDRESS 6163 SEQUOIA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL - Addition Change TITLE ☐ Delete TITLE WOOD, HERB NAME NAME STREET ADDRESS 1512 CULVERHOUSE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL FL ☐ Delete ☐ Change Addition TT TITLE TITLE OWINGS, FRED NAME STREET ADDRESS STREET ADDRESS 1112 CARMEN AVE CITY-ST-ZIP CITY-ST-ZIF HOLLY HILL FL ☐ Change ☐ Addition TITLE Delete TITLE NAME RAINWATER, DAVID NAME STREET ADDRESS STREET ADDRESS 633 ASH STREET CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL FL ☐ Delete Change ■ Addition TITI F TITLE DUCKETT, DOUG NAME NAME STREET ADDRESS STREET ADDRESS 225 RIVERBEND RD CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL ☐ Change ☐ Addition TITLE Delete TITLE FIELD, A.D. NAME NAME STREET ADDRESS STREET ADDRESS 118 PALM DRIVE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 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