

FILED
Jul 11, 2002 8:00 am
Secretary of State

06-27-2002 90184 007 ****61.25

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

DOCUMENT #

703226

1. Entity Name

DERBYSHIRE BAPTIST CHURCH, INC.

DO NOT WRITE IN THIS SPACE

38573

2. Principal Place of Business

1127 Derbyshire Rd.

Suite, Apt. #, etc.

3. Mailing Address

(same)

Suite, Apt. #, etc.

City & State

Holly Hill, FL

City & State

(same)

Zip

32117

Country

volusia

Zip

(same)

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

7. Name and Address of Current Registered Agent

Name

James Dennis Wallace

Street Address (P.O. Box Number is Not Acceptable)

1112 Carmen Ave.

City

Holly Hill

FL

Zip Code

32117

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

James Dennis Wallace Pastor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when terminating)

June 14, 2002

J DATE

FEE IS \$61.25
Initial or Amended UBR

 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
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Pastor/registered Agent

James Dennis Wallace D
1112 Carmen Ave. 32117 FL
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Deacon/Vice President

A.D. Feild T
118 Plam Dr. 32117 FL
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Deacon/Treasurer

Herb Wood T
1512 Culverhouse Dr. 32117 FL
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Trustee/Secretary

David Eralndson (T)
353 Clifton Ave.
Holly Hill, FL 32117
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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

SIGNATURE:

James Dennis Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/02

Date

386-253-7733

Daytime Phone #

CR2E037B (12/01)