

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713209

1. Entity Name

MAGNOLIA BAPTIST CHURCH, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90069 046 ****61.25

Principal Place of Business

401 LAKESHORE DRIVE
DAYTONA BCH FL 32114

Mailing Address

401 LAKESHORE DRIVE
DAYTONA BCH FLA 32114-2711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0024806

Applied For

Not Applicable

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

DISSELKOEN, JR, FRED S
22 SOUTH BEACH ST.
ORMOND BCH FL 32174

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	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, HUBERT	
STREET ADDRESS	P. O. BOX 555 N/A	
CITY-ST-ZIP	DELEON SPRINGS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTIN, BILL	
STREET ADDRESS	2155 W. HALIFAX DR.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LUCAS, HAROLD H.	
STREET ADDRESS	127 TANAGANA WAY	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OSTEEN, JOHN	
STREET ADDRESS	56106 TYTY ROAD	
CITY-ST-ZIP	ASTOR FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	TIPPINS, LEO	
STREET ADDRESS	1132 HILLCREST DR.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

Daytime Phone #

CR2E037 (9/99)