

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90010 030 ****61.25

DOCUMENT # 713209

1. Entity Name

MAGNOLIA BAPTIST CHURCH, INC.

Principal Place of Business

**401 LAKESHORE DRIVE
 DAYTONA BEACH FL 32114**

Mailing Address

**401 LAKESHORE DRIVE
 DAYTONA BEACH FL 32114**

C0075368



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 05-0024806		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.25

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

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 checked="" type="checkbox"/> Delete
NAME	LUCAS, HAROLD H.	
STREET ADDRESS	127 TANAGANA WAY	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VD	<input checked="" 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 HILCREST DR.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	Deacon	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnny L. Hobbs	
STREET ADDRESS	120 Lockhart	
CITY-ST-ZIP	Daytona Beach FL 32114	
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		

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 REQUIRED *Tippins*

7-18-01

CR2E037 (5/01)