

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90182 035 ****70.00

DOCUMENT # 715414

1. Entity Name

FIRST ASSEMBLY OF GOD OF DELAND, INC.



Principal Place of Business

**1500 E. INTERNATIONAL SPEEDWAY BLVD.
DELAND FL 32724**

Mailing Address

**1500 E. INTERNATIONAL SPEEDWAY BLVD.
DELAND FL 32724**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**MODICA, MICHAEL
4390 GRANT ST
DELAND FL 32725**

7. Name and Address of New Registered Agent

Name

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

City

DELAND

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael Modica

(Michael Modica)

1/30/2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MODICA, MICHAEL 4390 GRANT ST DELAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT YOUNGQUIST, RALPH 2393 OAK PARK RD DELAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAWKINS, CARL 891 CRITTENDEN AVE. ORANGE CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, ROBERT 132 W. VOORHIS AVE DELAND FL 32720	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYLE, JAMES 2025 GLENWOOD HAMMOCK RD GLENWOOD FL 32722	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCHRAN, WILLIAM 736 BRIARWOOD CT ORANGE CITY FL 32763	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition

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:

Michael Modica *(Michael Modica)*

1/30/03 (386) 736-2948

CR2E037 (10/02)