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**Mar 22, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 723781**

1. Corporation Name  
**FIRST BAPTIST CHURCH OF DELTONA, INC**

Principal Place of Business  
**1200 PROVIDENCE BLVD.  
 DELTONA FL 32725-7898  
 US**

Mailing Address  
**1200 PROVIDENCE BLVD.  
 DELTONA FL 32725-7898  
 US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/30/1972</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1416972</b>	
22		27		Applied For <input type="checkbox"/> Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PALMER, DONALD                  2334 FAIRGREN AVE                  DELTONA FL 32738</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHANK, TIM</b>	1.2 NAME	
STREET ADDRESS	<b>1782 HARBINGER TERR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL</b>	1.4 CITY-ST-ZIP	<b>32738</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLE, GARY W</b>	2.2 NAME	
STREET ADDRESS	<b>1116 BATON DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL 32725</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RUSH, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>1072 ARRON DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA, FL 00000</b>	3.4 CITY-ST-ZIP	<b>32725</b>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESCOTT, CHARLES R</b>	4.2 NAME	
STREET ADDRESS	<b>645 HYMAN DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEBARY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHRIMSCHER, FERREL W</b>	5.2 NAME	
STREET ADDRESS	<b>1311 WEST HARTLEY CIR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL</b>	5.4 CITY-ST-ZIP	<b>32725</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PALMER, DONALD</b>	6.2 NAME	
STREET ADDRESS	<b>2334 FAIRGREN AVE.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL</b>	6.4 CITY-ST-ZIP	<b>32738</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald E Palmer* **REQUIRED** PALMER 3-7-99 (904) 789-3810  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)