2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 723781 May 15, 2000 8:00 am Secretary of State FIRST BAPTIST CHURCH OF DELTONA, INC 05-15-2000 90147 016 ****61.25 Principal Place of Business Mailing Address 1200 PROVIDENCE BLVD. 1200 PROVIDENCE BLVD. **DELTONA FL 32725-7327** DELTONA FL 32725-7898 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1416972 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PALMER, DONALD 2334 FAIRGREN AVE **DELTONA FL 32738** Zip Code City 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. DONALD PALMEN, REG AGENT Signature, typed or printed name of registered agent and title if applicable 4-27-00 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be \Box Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME SHANK, TIM STREET ADDRESS STREET ADDRESS 1782 HARBINGER TERR CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32738** ☐ Change ☐ Addition ☐ Delete TITLE D RUSH, MICHAEL NAME STREET ADDRESS STREET ADDRESS 1072 ARRON DR CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32725** ☐ Change Addition ☐ Detete TITLE TITLE NAME SCHRIMSCHER, FERREL W NAME STREET ADDRESS STREET ADDRESS 1311 WEST HARTLEY CIR. CITY-ST-ZIP CITY-ST-ZIP DELTONA FL 32725 ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME PALMER, DONALD STREET ADDRESS STREET ADDRESS 2334 FAIRGREN AVE. CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32738** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with all other like empowered.