

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90164 030 ****61.25

DOCUMENT # 723781

1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1416972**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PALMER, DONALD
 2334 FAIRGREN AVE
 DELTONA FL 32738**

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

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 NAME	T SHANK, TIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1782 HARBINGER TERR	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE NAME	D RUSH, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	1072 ARRON DR	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE NAME	D SCHRIMSCHER, FERREL W	<input type="checkbox"/> Delete
STREET ADDRESS	1311 WEST HARTLEY CIR.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE NAME	P PALMER, DONALD	<input type="checkbox"/> Delete
STREET ADDRESS	2334 FAIRGREN AVE.	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	TREASURER RUSH, MICHAEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1072 ARRON DR.	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Donald Palmer **REQUIRED DONALD PALMER** 1-26-02 386 7893810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)