

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727758

1. Entity Name

OPEN BIBLE BAPTIST CHURCH OF ORANGE CITY, FLORID

Principal Place of Business

2801 GRAYSON ST
ORANGE CITY FL 32763
US

Mailing Address

2801 GRAYSON ST
ORANGE CITY FL 32763
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PALEIS, ALAN
2801 GRAYSON
ORANGE CITY FL 32763

4. FEI Number

59-2071860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 D ☐ Delete
NAME PALEIS, ALAN
STREET ADDRESS 685 BISHOP AVE.
CITY-ST-ZIP ORANGE CITY FL

TITLE D ☐ Delete
NAME BRYANT, MEL
STREET ADDRESS 600 A ALLIANCE CT
CITY-ST-ZIP DELAND FL 32720

TITLE D ☐ Delete
NAME BETLEJEWSKI, FRANK
STREET ADDRESS 377 KINGSLAKE DR
CITY-ST-ZIP DEBARY FL 32713

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME Paul Youmans
STREET ADDRESS 2595 Hillview Circle
CITY-ST-ZIP Deltona, FL 32725

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

TITLE ☐ Change ☐ 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: Paul Youmans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01

Date

904-532-7567

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE