2001 UNIFORM BUSINESS REPORT (UBR) Apr 11, 2001 8:00 am Secretary of State DOCUMENT # 754656 1. Entity Name THE DELAND GOSPEL HALL ASSEMBLY, INC. 04-11-2001 90128 038 ****61.25 Mailing Address Principal Place of Business FRED W. KING 109 EAST ROSEHILL 215 LAKE TALMADGE RD **DELAND FL 32724-2345** DELAND FL 32724 US 3. Mailing Address 2. Principal Place of Business ROSEHILL 109 DO NOT WRITE IN THIS SPACE AUE. Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For ABOUE City & State 4. FEI Number City & State 59-6585245 Not Applicable DELAUD \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 4 S A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KING, FRED W 215 LAKE TALMADGE RD DELAND FL 32724 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: **Department of State** Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE DVS TITLE NAME HUTTON, BRADY NAME STREET ADDRESS STREET ADDRESS 40549 PLYMOUTH CIRCLE CITY-ST-ZIP CITY-ST-ZIP **UMATILLA FL** ☐ Addition ☐ Change TITLE □ Delete TITLE D NAME HAAN, ERVIN J. NAME STREET ADDRESS STREET ADDRESS 6850 N. COCOA BLVD. #505 CITY-ST-ZIP CITY-ST-ZIP COCOA FL ☐ Change ☐ Addition TITLE ☐ Delete DMPT TITLE NAME KING, FREDERICK W NAME --STREET ADDRESS STREET ADDRESS 215 LAKE TALMADGE RD CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME

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 empe

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

Change

☐ Change

☐ Addition

Addition