

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754656

1. Entity Name

THE DELAND GOSPEL HALL ASSEMBLY, INC.

FILED

Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90162 030 ****61.25

Principal Place of Business

Mailing Address

109 EAST ROSEHILL
DELAND FL 32724-2345

FRED W. KING
215 LAKE TALMADGE RD
DELAND FL 32724
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6585245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, FRED W
215 LAKE TALMADGE RD
DELAND FL 32724

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
DVS
HUTTON, BRADY
STREET ADDRESS
CITY-ST-ZIP
40549 PLYMOUTH CIRCLE
UMATILLA FL

☐ Delete

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

TITLE
NAME
D
HAAN, ERVIN J.
STREET ADDRESS
CITY-ST-ZIP
6850 N. COCOA BLVD. #505
COCOA FL

☐ Delete

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

TITLE
NAME
DMPT
KING, FREDERICK W
STREET ADDRESS
CITY-ST-ZIP
215 LAKE TALMADGE RD
DELAND FL 32724

☐ Delete

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)