

ANNUAL REPORT (AR)

DOCUMENT # 755366

1. Entity Name

DELTONA LAKES BAPTIST CHURCH, INC.



FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90229 028 ****61.25

Principal Place of Business

2886 ELKCAM BLVD.
C/O RALPH E. GREEN, JR.
DELTONA FL 32738

Mailing Address

2886 ELKCAM BLVD.
C/O RALPH E. GREEN, JR.
DELTONA FL 32738

2. Principal Place of Business

2886 ELKCAM BLVD

3. Mailing Address

2886 ELKCAM BLVD

Suite, Apt. #, etc.

c/o Betty Jo Monday

Suite, Apt. #, etc.

c/o Betty Jo Monday

City & State

Deltona, FL

City & State

Deltona, FL

Zip

32738-3106

Country

Zip

32738-3106

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2067250

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONDAY, BETTY JO
2964 W COVINGTON DRIVE
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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREEN, RALPH E JR 1435 JUNE COURT DELTONA FL 32725	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILMORE, BRENDA 225 HIGHLAND DR DELTONA FL 32738	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT, KEN 929 N UNION CIRCLE DELTONA FL 32725	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FACKLER, KEN 2800 SUNSET RIDGE STREET DELTONA FL 32725	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRAKE, JEFFREY 3210 AMBLEWOOD CT. DELTONA FL 32738	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Brenda Gilmore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brenda Gilmore
Trustee

Date

1-26-04

Daytime Phone #

386-789-2400