

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # 755366	
1. Entity Name DELTONA LAKES BAPTIST CHURCH, INC.	
Principal Place of Business 2886 ELKCAM BLVD. DELTONA, FL 32738	Mailing Address 2886 ELKCAM BLVD. C/O DARLENE SLATE DELTONA, FL 32738



04012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2067250	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SLATE, DARLENE G 896 HIGGINS AVENUE DELTONA, FL 32738

**DO NOT WRITE
IN THIS SPACE**

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 *Darlene Slate* *DARLENE SLATE* 4/1/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMORE, BRENDA 225 HIGHLAND DR DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, LINDA 219 LAKEWOOD DRIVE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMIN, MUKESH 671 E. LEHIGH STREET DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O LOWRY, FRED DR. 1753 GATEWOOD DRIVE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BLAILE, CATHERINE 3139 MAPLESHADE STREET DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000890194
04/22/08-80085-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* *Brenda Gilmore* 4-1-08 386-789-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #