

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90325 039 ****61.25

DOCUMENT # 755366

1. Entity Name

DELTONA LAKES BAPTIST CHURCH, INC.



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2067250**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GREEN, RALPH E., JR.
1435 JUNE COURT
DELTONA FL 32725

7. Name and Address of New Registered Agent

Name **Betty Jo Monday**

Street Address (P.O. Box Number is Not Acceptable)

2964 W. Covington Dr.

City **Deltona**

FL Zip Code **32738**

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

Betty Jo Monday

Betty Jo Monday

1-13-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GREEN, RALPH E JR**
STREET ADDRESS **1435 JUNE COURT**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **D** ☐ Delete
NAME **GILMORE, BRENDA**
STREET ADDRESS **225 HIGHLAND DR**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **D** ☐ Delete
NAME **WRIGHT, KEN**
STREET ADDRESS **929 N UNION CIRCLE**
CITY-ST-ZIP **DELTONA FL 32725**

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 **D** ☐ Change ☒ Addition
NAME **Ken Fackler**
STREET ADDRESS **2800 Sunset Ridge St.**
CITY-ST-ZIP **Deltona, FL 32725**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Jeffrey Drake**
STREET ADDRESS **3210 Amblerwood Ct**
CITY-ST-ZIP **Deltona, FL 32738**

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

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** **4/28/03** **(386) 789-2400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)