

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90023 034 \*\*\*\*61.25

**DOCUMENT # 765355**

1. Entity Name

**IMMANUEL REFORMED PRESBYTERIAN CHURCH IN DELAND,**

Principal Place of Business

Mailing Address

**811 ORANGE CAMP RD.  
 DELAND FL 32724**

**811 ORANGE CAMP RD.  
 DELAND FL 32724-8428**

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

**59-2234469**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SKINNER, BRYANT  
 565 BLACK IRONWOOD DRIVE  
 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: *Bryant Skinner*

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	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	SKINNER, BRYANT	1306 N STONE ST	DELAND FL 32720				
D	BELCHER, LARRY	521 HOLLY LANE	DELAND FL 32724				
VD	MCPHAIL, MIKE	5796 JOHNSON LAKE RD	DELEON SPRINGS FL 32130				
D	JOHNSON, LARRY	25815 ARUNDEL WAY	SORRENTO FL 32776				
SD	ANDREWS, BILL	420 E UNIVERSITY AVE	DELAND FL 32724				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Bryant Skinner***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/9/2000 (904) 738-1241*

DATE

DAYTIME PHONE #

CR2E037 (9/99)