

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90105 019 ****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**

U U J 2 0 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2234469

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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 LARRY BELCHER (DIRECTOR)

Laurenne Belcher

1/14/01

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	PD SKINNER, BRYANT	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1306 N STONE ST DELAND FL 32720	
TITLE NAME	D BELCHER, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	521 HOLLY LANE DELAND FL 32724	
TITLE NAME	VD MCPHAIL, MIKE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5796 JOHNSON LAKE RD DELEON SPRINGS FL 32130	
TITLE NAME	D JOHNSON, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	25815 ARUNDEL WAY SORRENTO FL 32776	
TITLE NAME	SD ANDREWS, BILL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	420 E UNIVERSITY AVE DELAND FL 32724	
TITLE NAME	D MEDLIN, RICK	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	365 MERCERS FERNERY ROAD DELAND, FL 32724	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: LARRY BELCHER (DIRECTOR) RED

Laurenne Belcher

(904) 738-1811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)