

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90129 032 ****61.25

DOCUMENT # 765355

1. Entity Name

IMMANUEL REFORMED PRESBYTERIAN CHURCH IN DELAND, INC.

Principal Place of Business

Mailing Address

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

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

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 **SKINNER, BRYANT** (Same agent)
 Street Address (P.O. Box Number is Not Acceptable) **1306 N. STONE STREET** (changed address)
 City **DELAND** FL Zip Code **32720**

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

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 **PD** Delete
 NAME **SKINNER, BRYANT**
 STREET ADDRESS **1306 N STONE ST**
 CITY-ST-ZIP **DELAND FL 32720**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BELCHER, LARRY**
 STREET ADDRESS **521 HOLLY LANE**
 CITY-ST-ZIP **DELAND FL 32724**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **MCPHAIL, MIKE**
 STREET ADDRESS **5796 JOHNSON LAKE RD**
 CITY-ST-ZIP **DELEON SPRINGS FL 32130**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **JOHNSON, LARRY**
 STREET ADDRESS **25815 ARUNDEL WAY**
 CITY-ST-ZIP **SORRENTO FL 32776**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **ANDREWS, BILL**
 STREET ADDRESS **420 E UNIVERSITY AVE**
 CITY-ST-ZIP **DELAND FL 32724**

TITLE Change Addition
 NAME **ANDREWS, BILL** of address
 STREET ADDRESS **246 E. FLORENCE AVENUE**
 CITY-ST-ZIP **DELAND, FL 32724**

TITLE **D** Delete
 NAME **MEDLIN, RICK**
 STREET ADDRESS **365 MERCERS FERNERY RD**
 CITY-ST-ZIP **DELAND FL 32724**

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02 **386-738-1241**
 Date Daytime Phone #

CR2E037 (9/01)