

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

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

05-01-2003 90375 038 ****61.25

0071674

DOCUMENT # 765355

1. Entity Name

IMMANUEL REFORMED PRESBYTERIAN CHURCH IN DELAND, INC.



Principal Place of Business

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

Mailing Address

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

20038313



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

Suite, Apt. #, etc.

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

**SKINNER, BRYANT
1306 N. STONE RD.
DELAND FL 32720**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE **SD** Delete
NAME **ANDREWS, BILL**
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**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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TITLE Change Addition
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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:

SIGNATURE REQUIRED

4/22/03 800-741-2020

CR2E037 (10/02)