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

## DOCUMENT # NO200000718

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Apr 14, 2003 8:00 am Secretary of State

FILED

04-14-2003 90358 049 \*\*\*\*70.00

Entity Name  GAPE BIBLE CHURCH INTER		
noinal Place of Business	Mailing Address	

920 1/2 SOUTH RIDGEWOOD AVENUE #3 P.O. BOX 11464 DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32120 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For **○4-**Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, DEBORAH A Street Address (P.O. Box Number is Not Acceptable) 920 1/2 SOUTH RIDGEWOOD AVENUE #3 DAYTONA BEACH FL 32114 City 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 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change Addition Smith NAME NAME 2012 South Ridgewood Ave. & 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE NAME NAME Ridgewood Are. #3 STREET ADDRESS STREET ADDRESS c-12 Daytona Beach, FL 32114 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE John-Michael Cochran NAME 92012 South Ridgewood Ave. \$3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Daytona Beach TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

**SIGNATURE:** 

CITY-ST-ZIP

CR2E037 (10/02)