

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05493

FILED
Jan 28, 2009
Secretary of State

Entity Name: FELLOWSHIP BAPTIST CHURCH OF DELTONA, INC.

Current Principal Place of Business:

114 COURTLAND BLVD.
DELTONA, FL 32738 US

New Principal Place of Business:

Current Mailing Address:

114 COURTLAND BLVD
DELTONA, FL 32738 US

New Mailing Address:

FEI Number: 59-3724856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDESTY, ALONZO H III
1750 S VOLUSIA AVE
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FIELDS, DON B
Address: 790 TAMERLANE STREET
City-St-Zip: DELTONA, FL 32725 US

Title: S () Delete
Name: STARKEY, PAUL
Address: 2286 HOLSTON ST.
City-St-Zip: DELTONA, FL 32738 US

Title: D () Delete
Name: REYNOLDS, KIP
Address: 1300 BROKEN PINE RD
City-St-Zip: DELTONA, FL 32725 US

Title: T () Delete
Name: JENNE, WILMA C
Address: 870 REGATTA BAY DRIVE #103
City-St-Zip: ORANGE CITY, FL 32763 US

Title: D () Delete
Name: RASMUSSEN, PAUL
Address: 831 FAIRBAIRN COURT
City-St-Zip: DELTONA, FL 32725 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WIMA JENNE

MS.

01/28/2009

Electronic Signature of Signing Officer or Director

Date