

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

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90014 006 \*\*\*\*61.25

**DOCUMENT # N06091**

1. Entity Name

**HIGHWAY EVANGELISTIC MINISTRIES OF THE BIBLE BAPTIST CHURCH, INC.**



Principal Place of Business

**872 GLENWOOD RD  
DELAND FL 32720  
US**

Mailing Address

**872 GLENWOOD RD  
DELAND FL 32720  
US**

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 **59-2478906**

Applied For

Not Applicable

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

**KNOX, JAMES W.  
199 DAMASCUS ROAD  
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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	KNOX, JAMES W.	199 DAMASCUS ROAD	DELAND FL 32724				
VD	SPADE, JOHN	220 COLUMBUS CIRCLE	LONGWOOD FL 32750				
SD	ROWDON, WADE L.	230 CROOKED TREE TRAIL	DELAND FL 32724				
TD	MCAULIFFE, RAYMOND J.	128 DEER LAKE CIR	ORMAND FL 32074				
D	MULLINS, TERRY	5581 LIBING WATERS ST	DELEON SPRINGS FL 32130				

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

115/03

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CR2E037 (10/02)