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

DOCUMENT # N20886

1. Entity Name

TEMPLE BAPTIST CHURCH OF DELTONA, FLORIDA, INC.



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90149 031 ****61.25

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Principal Plac	ce of Business		Mailin	ng Address									
PO BOX 6367 DELTONA FL 32728			PO BOX 6367 DELTONA FL 32728										
JELIONA PL 32/28							DELIO						
2. Principal Place of Business 3			3. Mai	3. Mailing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				. CHECK HERE IF MAKING CHANGES					
City & State			Cit	City & State				4. FEI Number NOT APPLICABLE Applied For					``
Zip Country		Zip Cou			untry		5. Certificate of Statu		tus Desired		\$8.75 A	Not Applicab 75 Additional	
	6 Names	nd Address of Currer	nt Benisters	ad Agent		<u> </u>		Name and A	ddroso o	f Nour De		Fee Requir	ed
	C. V. Italio a	no Address of Carre	it riegistere	A Agent		Name		Name and A	uuress o	i New ne	egistereu .	4gent	
THRIFT. (CHESTER					Ctroat Adds	-000 (D.O.	Doy Mussban	in Ninh An-				
	HANCOCK				Street Addr	ress (P.O.	Box Number	IS NOT ACC	ceptable)	1			
DELTONA	NFL 32725												
						City					FL	Zip Co	de
The above		submits this statement	f 4l										
the obligat	tions of register	ed agent.	ioi tile paip	ose of changing it	a registeri	ed blilde bli leg	gistereu a	igeni, or boin,	in the Sta	ale oi Fioi	nua. Lam	ammar wiir	i, and accept
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SIGNATURE .	Cl	printed name of registered age	1 A - 14 - 14								DATE		
SIGNATURE .	Signature, typed or	primed harne or registered age	nt and title if app	olicable. (NO	TE: Registere	d Agent signature re	equired when	reinstating)			Dr. II C		
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Thereby certify that the miormation 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. Thrift 1-4002 386-668-9(7)

SIGNATURE: