

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33065

1. Corporation Name

INDIGO LAKES BAPTIST CHURCH, INC.

Principal Place of Business

950 WILLIAMSON BLVD.
DAYTONA BEACH FL 32114-7131

Mailing Address

950 WILLIAMSON BLVD.
DAYTONA BEACH FL 32114-7131

FILED
Feb 22, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HOOFNAGLE, WILLIAM S
120 PEACHTREE CIR
DAYTONA BEACH 32114

3. Date Incorporated or Qualified

06/29/1989

4. FEI Number

59-2958860

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

Richard F. Copeland

82 Street Address (P.O. Box Number is Not Acceptable)

1131 Lakewood Park Drive

83

84 City

Daytona Beach

FL

85 Zip Code

32114

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

1/6/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME TR
STREET ADDRESS RAWLS, BENJAMIN
CITY-ST-ZIP 425 SILVER BCH DR
HOLLY HILL FL

TITLE ☒ DELETE
NAME TR
STREET ADDRESS PASTOR, ERNEST A.
CITY-ST-ZIP 108 POINT O'WOODS DR.
DAYTONA BEACH FL

TITLE ☒ DELETE
NAME TR
STREET ADDRESS HOOFNAGLE, WILLIAM
CITY-ST-ZIP 120 PEACHTREE CIRCLE
DAYTONA BEACH FL

TITLE ☐ DELETE
NAME T, TR
STREET ADDRESS COPELAND, RICHARD F
CITY-ST-ZIP 1131 LAKEWOOD PARK DRIVE
DAYTONA BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Trustee
1.3 STREET ADDRESS Frances Strickland
1.4 CITY-ST-ZIP 1159 Magnolia Avenue
Daytona Beach, FL 32114

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/99 (904) 253-8020

CR2E037 (11/98)

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