2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Aug 07, 2001 8:00 am Secretary of State **DOCUMENT # N33065** 1. Entity Name INDIGO COMMUNITY CHURCH, INC. 08-07-2001 90005 029 ****61.25 Mailing Address **いない** NURTH 950,WILLIAMSON BLVD. 950 WILLIAMSON BLVD. DAÝTONA BEACH FL 32114-7131 DAÝTONA BEACH FL 32114-7131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEL Number 59-2958860 Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name COPELAND, RICHARD F Street Address (P.O. Box Number is Not Acceptable) 1131 LAKEWOOD PARK DR DAYTONA BEACH FL 32117 - 3740 City FL 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. **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 \$5.00 May Be After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE X Change STRICKLAND, FRANCIS STRICKLAND, FRANCES NAME STREET ADDRESS 1159 MAGNOLIA AVE 552 WOODGROVE ST. STREET ADDRESS CITY-ST-ZIP DAYTON BEACH FL CITY-ST-ZIP ORMOND BEACH, FL TR Delete TITLE ☐ Change PASTOR, ERNEST A. NAME STREET ADDRESS 108 POINT O'WOODS DR. STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME ·HOOFNAGLE.~WILLIAM: NAME STREET ADDRESS 120 PEACHTREE CIRCLE STREET ADDRESS

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TITLE

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NAME

DAYTONA BEACH FL

COPELAND, RICHARD F

1131 LAKEWOOD PARK DRIVE

DAYTONA BEACH FL 32117

DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Zip Code Make Check Payable to **Department of State**

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CITY-ST-ZIP. 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-ZIP

STREET ADDRESS

STREET ADDRESS

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WILSON, GLORIA 103 VAN AVE.

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