

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 03, 2002 8:00 am
Secretary of State

02-26-2002 90123 006 ****61.25

DOCUMENT # N40026

1. Entity Name

NORTHSIDE BAPTIST CHURCH OF DELAND, INCORPORATED

Principal Place of Business

Mailing Address

1010 N ALABAMA AVE
DELAND FL 32724
US

1010 N ALABAMA AVE
DELAND FL 32724
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

59-1956172

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

Name

ORTIZ, JOE

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

429 E. PLYMOUTH AVE

City

DELAND

FL

Zip Code

32724

MULLINS, RICHARD
100 WILD ELM CT
SANFORD FL 32773

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	MULLINS, RICHARD	STREET ADDRESS	100 WILD ELM COURT	CITY-ST-ZIP	SANFORD FL	Member
TITLE	D	NAME	TEMPLE, ARLENE	STREET ADDRESS	833 N TUXEDO AVE	CITY-ST-ZIP	DELAND FL 32724	Secretary
TITLE	D	NAME	GOLDEN, MICHELLE	STREET ADDRESS	1459 FIRST AVE	CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	NAME	FOSTER, WILLIAM	STREET ADDRESS	5805 WEST ST	CITY-ST-ZIP	DE LEON SPRINGS FL 32130	
TITLE	D	NAME	ORTIZ, JOE	STREET ADDRESS	429 E PLYMOUTH AVE	CITY-ST-ZIP	DELAND FL 32724	Chairman
TITLE	D	NAME	SCHEURER, STEVE	STREET ADDRESS	1045 LINDLEY BLVD	CITY-ST-ZIP	DELAND FL 32724	Member

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		NAME	Bedwell, Bob	STREET ADDRESS	1205 NORTH AMELIA AVE	CITY-ST-ZIP	DELAND, FLORIDA 32724	member
TITLE		NAME	Beach, Janet	STREET ADDRESS	428 Lecile DR	CITY-ST-ZIP	DELAND, FLORIDA 32724	Member
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		

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

01-13-02

386-734-4848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)