

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

FILED
May 23, 2003 8:00 am
Secretary of State

04-28-2003 90304 033 *****61.25

DOCUMENT # N40026

1. Entity Name

NORTHSIDE BAPTIST CHURCH OF DELAND, INCORPORATED



Principal Place of Business

1010 N ALABAMA AVE
DELAND FL 32724
US

Mailing Address

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTIZ, JOE
429 E PLYMOUTH AVE
DELAND FL 32724

Name

ARlene Temple

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

833 N. Tuxedo Ave.

City

DeLand

FL

Zip Code

32724

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

Arlene A. Temple

4/24/03

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 **DM** ☐ Delete
NAME **MULLINS, RICHARD**
STREET ADDRESS **100 WILD ELM COURT**
CITY-ST-ZIP **329 SPRING LAKE DR**
SANFORD FL Deland, FL 32724

TITLE **DM** ☐ Change ☒ Addition
NAME **Bedwell, Bob**
STREET ADDRESS **1205 N AMELIA AVE**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE **DC** ☐ Delete
NAME **TEMPLE, ARLENE**
STREET ADDRESS **833 N TUXEDO AVE**
CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DM** ☐ Delete
NAME **ORTIZ, JOE**
STREET ADDRESS **429 E PLYMOUTH AVE**
CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DM** ☐ Delete
NAME **SCHEURER, STEVE**
STREET ADDRESS **1045 LINDLEY BLVD**
CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Arlene A. Temple

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)