

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90009 045 ****61.25

DOCUMENT # N42095

1. Entity Name

PALM TREE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

**1275 KEITH AVENUE
DELAND FL 32720**

Mailing Address

**1275 KEITH AVENUE
DELAND FL 32720**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 513

Suite, Apt. #, etc.

City & State

DELAND, FL

Zip

32721

Country

USA

4. FEI Number

59-3050898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ELROD, LEON
1275 KEITH AVENUE
DELAND FL 32720**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ELROD, LEON
STREET ADDRESS 1275 KEITH AVENUE
CITY-ST-ZIP DELAND FL ☐ Delete

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

TITLE VD
NAME DRIVER, KENNY
STREET ADDRESS 1751 PERCH LANE
CITY-ST-ZIP SANFORD FL ☐ Delete

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

TITLE SD
NAME WOOLRIDGE, EARL
STREET ADDRESS 1571 DOYLE RD #6
CITY-ST-ZIP DELTONA FL ☐ Delete

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

TITLE TD
NAME MCCLELLAN, JAMES
STREET ADDRESS P.O. BOX 5B
CITY-ST-ZIP DELAND FL 32721 ☐ Delete

TITLE TD
NAME McClellan, James
STREET ADDRESS P.O. Box 513
CITY-ST-ZIP Deland, FL 32721 ☒ Change ☐ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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

James W. McClellan

8-30-02

(380)

860-4806

CR2E037 (4/02)