## **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 # N43613**

1. Corporation Name

### DISCIPLESHIP BAPTIST CHURCH OF DAVENPORT, FLORID A. INC.

Principal Place of Business 125 COTTON WOOD DR DAVENPORT FL 33837

Mailing Address

-P.O. BOX 876-DAVENPORT FL 33837

# **FILED** Apr 27, 1999 8:00 am § Secretary of State

04-27-1999 90203 035 \*\*\*\*61.25

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US							HIII BHBII OIDIR I		0101f 1981
	lace of Business	2a. Mailing Address	المستريم المنتقل المسترين الم			3. Date Incorporated or Qualifed 05/24/1991			
21 Suite Ast	# ata	26 /25 COT/QNWOCD DRIVE  Suite, Apt. #, etc.			4. FEI Number		App	lied For	
Suite, Apt.	#, etc.	27				59-3112728 Not Applicable			
22 City & State		City & State					\$8.75 A	ditional	
23	•	28 DAVENPORT	FLO	2/	74	5. Certifcate of Status Desired		Fee Req	
Zip	Country	Zip	Cou	ntry		6. Election Campaign Financing		\$5,00 N	/lav Be
24	25	29 33837 30	7	-		Trust Fund Contribution		Added to	•
	9. Name and Address of Current				-1	10. Name and Address of New R	egistered A	gent	
				81	Name			•	
VARNDELL, GREGORY A				82	Street Addres	ss (P.O. Box Number is Not Acceptate	ble)		
125 COTTONWOOD DR.				Street Address (1.3. Box Address to Not Accordance)					
DAVENPORT FL 33837				83					
DAVEN O				84	City		EI	85 Zip C	ode
	•	1047 4500 51-11- 01-1-1-	451			ration authority this statement for the	numose of c	hanging its r	egistered
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
12. OFFICERS AND DIRECTORS			13.	13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 111	TLE				Change	☐ Addition
NAME	VARNDELL, GREGORY A		1.2 NA	ME.					
	9 SPRUCE CT		1.3 ST	REET A	ADDRESS				1
CITY-ST-ZIP	DAVENPORT FL 33837		1.4 CF	TY-ST-	ZIP				
TITLE	TD	DELETE	2,1 TI	TLE				Change	☐ Addition
NAME	GARRSION, JANET		2.2 N	AME	ŀ				İ
STREET ADDRESS	626 DUNCAN CIR.		2.3 ST	REET A	ADDRESS			•	
CITY-ST-ZIP	AUBURNDALE FL		2. 4 C	ITY-ST	-ZIP				
TITLE	PDTR	☐ DELETE	3.1 TI	TLE				Change	☐ Addition
NAME	WALKER, ROBERT	<del>-</del>	,3.2 N/	AME_			-	·	2
STREET ADDRESS	44E 41 444 E		3.3 ST	TREET A	ADDRESS	_			
CITY-ST-ZIP	HAINES CITY FL		3.4. C	TY-ST	-ZIP				
TITLE	VTRD	DELETE	4.1 TT	TLE				☐ Change	☐ Addition }
NAME	ANDERSON, WILLIAM		4.2 N	AME	1				}
STREET ADDRESS	112 GROVE PARK DRIVE	•	4.3 S1	REET A	ADDRESS				
CITY-ST-ZIP	DAVENPORT FL		4,4 CI	TY-ST-	ZIP			<del></del>	
πτιΕ	CTRD	☐ DELETE	5.1 TT					☐ Change	Addition
NAME	ARRANT, MIKE		5.2 NA						
STREET ADDRESS			1		ADDRESS				}
CITY-ST-ZIP	KISSIMMEE FL			TY-ST-	ZIP		· · · · · · · · · · · · · · · · · · ·	CT 01	
TITLE		☐ DELETE	6.1 TI					Change	Addition
NAME			6.2 N						
STREET ADDRESS					ADDRESS		•		İ
CITY-ST-ZIP	l		6.4 CI	TY-ST-	-ZIP				

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:

1/6/99

941-424-3674