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

DOCUMENT # N43613

1. Entity Name

DISCIPLESHIP BAPTIST CHURCH OF DAVENPORT, FLORIDA, INC.

FILED
02 OCT -7 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008386551
10/16/02--01001--009 **61.25

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
125 Cotton Wood Dr.		P.O. Box 610	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State: Davenport, FL		City & State: Davenport, FL	
Zip: 33837	Country: Polk	Zip: 33836-0610	Country: Polk

4. FEI Number: 59-3112728 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Doug Tanner

Street Address (P.O. Box Number is Not Acceptable): 110 West Maple Street

City: Davenport — FL — Zip Code: 33836

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: Doug Tanner

Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — Date

FEE IS $61.25 Initial or Amended UBR

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/P	TITLE	
NAME	Marion Seiver	NAME	
STREET ADDRESS	7107 Sheffield Drive	STREET ADDRESS	
CITY-ST-ZIP	Lakeland, FL 33810	CITY-ST-ZIP	
TITLE	D/T	TITLE	
NAME	Janet Garrison	NAME	
STREET ADDRESS	147 Winter Ridge Drive	STREET ADDRESS	
CITY-ST-ZIP	Winter Haven, FL 33881	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Frank Merrell	NAME	
STREET ADDRESS	202 Live Oak Lane	STREET ADDRESS	
CITY-ST-ZIP	Davenport, FL 33837	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marion Seiver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR