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

Jan 23, 2003 8:00 am **Secretary of State** DOCUMENT # **N46156** 01-23-2003 90068 038 ****61.25 1. Entity Name THE HIGHLANDS PRESBYTERIAN CHURCH, INC. Principal Place of Business Mailing Address 950 DERBYSHIRE RD. 950 DERBYSHIRE RD. DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-0799906 Applied For City & State City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name معسسه JACKSON, SIDNEY Street Address (P.O. Box Number is Not Acceptable) 832 LEMON RD. **SOUTH DAYTONA FL 32119** City 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CR2E037 (10/02) Delete TITLE ☐ Change Addition TITLE WALKER, JAMES NAME NAME 311 RIVERVIEW BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition JACKSON, SIDNEY NAME NAME STREET ADDRESS 832 LEMON RD. STREET ADDRESS CITY-ST-ZIP **SOUTH DAYTONA FL** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE BONNER, DAVITA NAME NAME 1250 WOOD CREST DR # 1202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME MARAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED