

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # N94000002368

1. Entity Name

BEACON BAPTIST CHURCH OF PORT ORANGE, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

02-23-2000 90009 014 ****61.25

Principal Place of Business

Mailing Address

2315 BEVILLE ROAD
 DAYTONA BEACH FL 32119
 US

2315 BEVILLE ROAD
 DAYTONA BEACH FL 32119-8720
 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

59-3245064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALLARD, BUD
 1 FORDNEY PLACE
 PO BOX 351298
 PALM COAST FL 32135

Name James R. Roberts

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

1120 PELICAN BAY DRCity Daytona Beach

FL

Zip Code 32119

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	BALLARD, BUD	
STREET ADDRESS	PO BOX 351298	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	MEADOWS, HAROLD	
STREET ADDRESS	104 CEDARWOOD VILLAGE CIR	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MARCATOS, BOB	
STREET ADDRESS	144 B GOLDEN EYE DR	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberts, JAMES R T	
STREET ADDRESS	1120 PELICAN BAY DR	
CITY-ST-ZIP	Daytona Beach FL 32119	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, HARLAN T	
STREET ADDRESS	165 NORTHBROOK LANE	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00

904760 7470

CR2E037 (9/99)