

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90289 042 \*\*\*\*61.25

**DOCUMENT # N94000002368**

1. Entity Name

**BEACON BAPTIST CHURCH OF PORT ORANGE, INC.**

Principal Place of Business

Mailing Address

2315 BEVILLE ROAD  
 DAYTONA BEACH FL 32119  
 US

2315 BEVILLE ROAD  
 DAYTONA BEACH FL 32119  
 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

**ROBERTS, JAMES R**  
**1120 PELICAN BAY DRIVE**  
**DAYTONA BEACH FL 32119**

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.

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 ☐ Delete  
 NAME BALLARD, BUD  
 STREET ADDRESS PO BOX 351298  
 CITY-ST-ZIP DAYTONA BEACH FL

TITLE PD ☐ Delete  
 NAME ROBERTS, JAMES R T  
 STREET ADDRESS 1120 PELICAN BAY DRIVE  
 CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE ST ☒ Delete  
 NAME JOHNSON, HARLAN  
 STREET ADDRESS 165 NORTHBROOK LANE  
 CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TRUSTEE ☐ Change ☒ Addition  
 NAME SCOTT D. CHANDLER  
 STREET ADDRESS 1227 ST. JAMES RD  
 CITY-ST-ZIP ORLANDO FL 32808

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

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

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

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*James R. Roberts*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REQUIRED**

*James R. Roberts*

*2/16/01*

Daytime Phone #

CR2E037 (10/00)