

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

03-28-2002 90354 033 ****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** ☐ Change ☒ Addition
 NAME **JACK HOLLINGSWORTH**
 STREET ADDRESS **405 N PALM AVE # 304**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

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

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

TITLE **T** ☒ Delete
 NAME **CHANDLER, SCOTT D**
 STREET ADDRESS **1227 ST. JAMES RD**
 CITY-ST-ZIP **ORLANDO FL 32808**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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

3/12/02

386 760 7470

Date

Daytime Phone #

CR2037 (9/01)