

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

02-24-2003 90179 035 ***61.25

DOCUMENT # N94000002368

1. Entity Name

BEACON BAPTIST CHURCH OF PORT ORANGE, INC.



Principal Place of Business

**2315 BEVILLE ROAD
DAYTONA BEACH FL 32119
US**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **LARRY WEBSTER** ☐ Delete
NAME **336 GEORGETOWN DR**
STREET ADDRESS **DAYTONA BEACH, FL 32119**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

James R. Roberts

3/10/03

386 766 7470

Date

Daytime Phone #

CR2E037 (10/02)