2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N95000000290** Apr 20, 2000 8:00 am Secretary of State Entity Name FULL GOSPEL BAPTIST CHURCH FELLOWSHIP OF FLORIDA 04-20-2000 90093 004 ****61.25 Principal Place of Business Mailing Address 1734 STATE AVENUE P.O. BOX 11047 HOLLY HILL FL 32117 DAYTONA BEACH FL 32120-1047 2. Principal Place of Business 3. Mailing Address P.O. Box ISHIRE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. / & State City & State 4. FEI Number Applied For DEACH 65-0575518 Not Applicable ountry \$8.75 Additional Zic 5. Certificate of Status Desired 3211 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLER, DEBRA A 1734 STATE AVENUE **HOLLY HILL FL 32117** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAME GRANGER, WALTER 0 BISHOP NAME STREET ADDRESS STREET ADDRESS 1111 36TH ST CITY-ST-ZIP CITY-ST-ZIP WPB FL 33409 Change ☐ Addition TITLE TITLE Detete TRIPLETT, DEREK T BISHOP NAME NAME 869 DERBYSHIRE ROAD DAYTOMA BEACH FL STREET ADDRESS 1734-STATE-AVENUE-STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL FL 32117 Change ☐ Addition TITLE ☐ Delete TITLE KELLER, DEBRA A NAME NAME STREET ADDRESS STREET ADDRESS 1794-STATE AVENUE CITY-ST-ZIP CITY-ST-ZIP HOLLY-HILL FL-32117 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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: