

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

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90185 027 ****61.25

DOCUMENT # N95000002951

1. Entity Name

**DARLINGTON OAK GROVE BAPTIST CHURCH, INCORPORATE
D**



Principal Place of Business

1717 OAK GROVE ROAD
WESTVILLE, FL 32464
US

Mailing Address

1717 OAK GROVE ROAD
WESTVILLE FL 32464
US

2. Principal Place of Business

3. Mailing Address

1717 Oak Grove Road 1717 Oak Grove Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Westville, FL

City & State

Westville, FL

4. FEI Number **59-2093642**

Applied For

Not Applicable

Zip **32464**

Country **USA**

Zip **32464**

Country **USA**

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

**GILLMAN, FRED
2914 COOK ROAD
WESTVILLE FL 32464**

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

Fred D. Gillman

08-17-2003

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
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **ALFORD, STEVE**
STREET ADDRESS **191 OAK GROVE ROAD**
CITY-ST-ZIP **WESTVILLE FL**

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

TITLE **D** ☐ Delete
NAME **GILLMAN, FRED**
STREET ADDRESS **2914 COOK RD**
CITY-ST-ZIP **WESTVILLE FL**

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

TITLE **D** ☐ Delete
NAME **DAVIS, H. B.**
STREET ADDRESS **1917 CO. HWY. 183 S**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

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

TITLE **D** ☐ Delete
NAME **WHITE, JERRY**
STREET ADDRESS **2833 COLLINSWORTH RD**
CITY-ST-ZIP **WESTVILLE FL 32464**

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

TITLE **D** ☐ Delete
NAME **HOLLOWAY, DALE D**
STREET ADDRESS **671 MIMS RD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

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

TITLE **D** ☐ Delete
NAME **ELLISON, KENNETH**
STREET ADDRESS **333 ELLISON RD**
CITY-ST-ZIP **SAMSON AL 36477**

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:

Steve Alford
REQUIRED

8/17/2003 (850) 859-0416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)