

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90188 041 ****61.25

DOCUMENT # **723524**



1. Entity Name
**FIRST CHRISTIAN CHURCH OF DUNNELLON, FLORIDA, IN
C.**

Principal Place of Business
**12401 SW RD #484
DUNNELLON FL 34432
US**

Mailing Address
**12401 SW RD #484
DUNNELLON FL 34432
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-4210052**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YANDELL, DONALD
6261 SW 102ND ST RD
OCALA FL 34476**

Name **DEMS, WILLIAM**

Street Address (P.O. Box Number is Not Acceptable)

8331 SW 135TH LOOP

City

OCALA

FL

Zip Code

34473

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 **WILLIAM DEMS**

William Dems (TSD) 2-12-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	BAYS, ROBERT	
STREET ADDRESS	7716 SW 117TH ST RD	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLLINS, ELMER	
STREET ADDRESS	10947 SW 53RD CIRCLE	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEAZ, WILLIAM	
STREET ADDRESS	8331 SW 135TH LOOP	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	YANDELL, DONALD	
STREET ADDRESS	6221 SW 102ND ST RD	
CITY-ST-ZIP	OCALA FL 34476	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRELL, JACK	
STREET ADDRESS	11752 SW 139 TH ST.	
CITY-ST-ZIP	DUNNELLON, FL. 34432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMS, WILLIAM	
STREET ADDRESS	8331 SW 135 TH LOOP	
CITY-ST-ZIP	OCALA, FL 34473	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROUT, RICHARD	
STREET ADDRESS	11698 SW 75 TH CIRCLE	
CITY-ST-ZIP	OCALA, FL. 34476	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACTON, CLAY	
STREET ADDRESS	8550 SW 86 TH AVE	
CITY-ST-ZIP	OCALA, FL 34481	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKLIN, ADOLPH	
STREET ADDRESS	6875 SW 114 TH ST. RD	
CITY-ST-ZIP	OCALA, FL. 34476	

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: *William Dems* WILLIAM DEMS 2-12-03 352/347-9678

CR2E037 (10/02)