

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12067** (7)

1. Corporation Name
DEBARY CHRISTIAN CHURCH, INC.



Principal Place of Business: 145 SOUTH HWY 17-92, P.O. BOX 914, DEBARRY FL 32713
Mailing Address: 145 SOUTH HWY 17-92, P.O. BOX 914, DEBARRY FL 32713

3. Date Incorporated or Qualified: 11/14/1985
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business: 21 138 DIRKSEN DR
2a. Mailing Address: 26 PO Box 914

4. FEI Number: 59-2743728
Applied For: Not Applicable:

22. Suite, Apt. #, etc.:
23. City & State: DEBARY FL
27. Suite, Apt. #, etc.:
28. City & State: DEBARY FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

24. Zip: 32713
25. Country:
29. Zip: 32713-0914
30. Country: VOLUSIA

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

REAMES, NORMAN
2120 CAPTAIN DRIVE
DELTONA FL 32738

10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83.
84. City: FL 85. Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	COLLETTE, FRANCIS H	
STREET ADDRESS	1140 BRADDOCK RD.	
CITY-ST-ZIP	ENTERPRISE FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	GREENLEE, PAUL	
STREET ADDRESS	2005 UNIVERSITY DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COLLETTE, ROMILIE	
STREET ADDRESS	1140 BRADDOCK RD	
CITY-ST-ZIP	ENTERPRISE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KUENKELE, ROBERT W	
STREET ADDRESS	65 A BOUGAINVILLEA DR	
CITY-ST-ZIP	DEBARY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES E SMITH	
1.3 STREET ADDRESS	1566 S ELSASSER ST	
1.4 CITY-ST-ZIP	DELAND FL 32720	
2.1 TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GEORGE D DEWESE	
2.3 STREET ADDRESS	3341 VANCOUVER AVE	
2.4 CITY-ST-ZIP	DELTONA FL 32738	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JENELL H SANFORD	
3.3 STREET ADDRESS	379 W HIGHBANKS RD	
3.4 CITY-ST-ZIP	DEBARY FL 32713-4612	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DALE A SANFORD	
4.3 STREET ADDRESS	379 W HIGHBANKS RD	
4.4 CITY-ST-ZIP	DEBARY FL 32713-4612	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dale A Sanford DALE A. SANFORD 1-26-96 (407) 668-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)