

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90239 046 ****61.25

DOCUMENT # 703175

1. Entity Name

THE DELAND DISTRICT BOARD OF MISSIONS OF THE UNITED METHODIST CHURCH, INC.



Principal Place of Business

**303 E. KENTUCKY AVENUE
DELAND FL 32724**

Mailing Address

**303 E. KENTUCKY AVENUE
DELAND FL 32724**

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 **59-2252935**

Applied For

Not Applicable

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

**BOEHM, RICHARD
435 S RIDGEWOOD AVE
BOX 6511 (32122)
DAYTONA BEACH FL 32114**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	CRABILL, ROBERT	
STREET ADDRESS	191 WESTHAMPTON DR	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURRY, WAYNE E	
STREET ADDRESS	303 E. KENTUCKY AVENUE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, ROBERT	
STREET ADDRESS	349 HICKORY HILL PL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, COLLAGE	
STREET ADDRESS	13 CHOCTAW TERRACE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODRUFF, DON	
STREET ADDRESS	333 CADDIE DR.	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, DANA	
STREET ADDRESS	5 ARCH ANGEL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

TITLE	VC/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Turner, William	
STREET ADDRESS	1207 Oak Forest Drive	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curry, E. Wayne	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	France, Maureen	
STREET ADDRESS	801 Royal Oak Court	
CITY-ST-ZIP	DeLand, FL 32724	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Woodruff, Don	
STREET ADDRESS	333 Caddie Drive	
CITY-ST-ZIP	DeBary, FL 32713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **E. Wayne Curry**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2003

386-734-1057

CR2E037 (10/02)