

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 714121**

1. Entity Name

JESUS DIVINE FAMILY CHURCH AND SCHOOL BOARD, INC**FILED**
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90011 048 ****61.25

0030958

Principal Place of Business

Mailing Address

**4120 DEVOE AVE
SHARPES FL 32959****P.O. BOX 335
SHARPES FL 32959****736203**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3220408

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PROBY, WILLIAM
4120 DEVOE AVE
SHARPES FL 32959**

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PROBY, WILLIAM H	
STREET ADDRESS	4120 DEVOE AVE	
CITY-ST-ZIP	SHARPES FL 32959	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MUSGROVE, RICHARD	
STREET ADDRESS	6905 KNIGHTSWOOD DR	
CITY-ST-ZIP	ORLANDO FL 32818	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MUSGROVE, EUZERA	
STREET ADDRESS	6905 KNIGHTSWOOD DR	
CITY-ST-ZIP	ORLANDO FL 32818	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SIMPSON, LORRAINE A	
STREET ADDRESS	2409 CHERBOURG ROAD	
CITY-ST-ZIP	COCOA FL 32926	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, TERESA	
STREET ADDRESS	4650 SUGARTOWN STREET	
CITY-ST-ZIP	COCOA FL 32927	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *William H. Proby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-01

Date

321-631-0276

Daytime Phone #

CR2E037 (10/00)