

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714121

1. Entity Name

JESUS DIVINE FAMILY CHURCH AND SCHOOL BOARD, INC

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90095 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4120 DEVOE AVE  
SHARPES FL 32959

P.O. BOX 335  
SHARPES FL 32959

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3220408

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

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 ☐ Delete  
NAME PROBY, WILLIAM H  
STREET ADDRESS 4120 DEVOE AVE  
CITY-ST-ZIP SHARPES FL 32959

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

TITLE D ☐ Delete  
NAME MUSGROVE, RICHARD  
STREET ADDRESS 6905 KNIGHTSWOOD DR  
CITY-ST-ZIP ORLANDO FL 32818

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

TITLE D ☐ Delete  
NAME MUSGROVE, EUZERA  
STREET ADDRESS 6905 KNIGHTSWOOD DR  
CITY-ST-ZIP ORLANDO FL 32818

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

TITLE D ☐ Delete  
NAME SIMPSON, LORRAINE A  
STREET ADDRESS 2409 CHERBOURG ROAD  
CITY-ST-ZIP COCOA FL 32926

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

TITLE D ☐ Delete  
NAME JOHNSON, TERESA  
STREET ADDRESS 4650 SUGARTOWN STREET  
CITY-ST-ZIP COCOA FL 32927

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 321 631-0276  
Date Daytime Phone #

CR2E037 (9/01)