

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

FILED

03 MAY -2 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714121

1. Entity Name

Jesús Divine Family Church & School
Board, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4120 Devoe Avenue

3. Mailing Address

P.O. Box 335

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sharpes, FL 32959

City & State

Sharpes, FL 32959

4. FEI Number

59-3220408

Applied For

Not Applicable

Zip

32959

Country

Zip

32959

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Proby, William

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

4120 Devoe Avenue

City

Sharpes

FL

Zip Code

32959

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 H. Proby

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

FEE IS \$61.25

Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
Proby, William H
4120 Devoe Avenue
Sharpes, FL 32959

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600017875596
05/02/03--01049--005 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Musgrove, Richard
6905 Knightswood Drive
Orlando, FL 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Musgrove, Euzera
6905 Knightwood Drive
Orlando, FL 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Simpson, Lorraine A
2409 Cherbourg Road
Cocoa, FL 32926

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Johnson, Teresa
4650 Sugartown Street
Cocoa, FL 32927

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William H. Proby

4/29/03

CR2E037B (12/02)