

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90098 024 \*\*\*\*61.25

**DOCUMENT # 723524**

1. Entity Name

**FIRST CHRISTIAN CHURCH OF DUNNELLON, FLORIDA, IN**

Principal Place of Business

Mailing Address

12401 SW RD #484  
 DUNNELLON FL 34432  
 US

12401 SW RD #484  
 DUNNELLON FL 34432  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-4210052**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YANDELL, DONALD**  
**6261 SW 102ND ST RD**  
**OCALA FL 34476**

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

*Donald J. Yandell* ADMINISTRATOR

**MARCH 17, 2000**

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	PCD	<input checked="" type="checkbox"/> Delete
NAME	YANDELL, DONALD	
STREET ADDRESS	6261 SW 102ND ST RD	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, ANNABELLE	
STREET ADDRESS	1031 NE 70TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HENDREN, ROBERT	
STREET ADDRESS	9851 SW 160TH ST	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MILLS, RICHARD	
STREET ADDRESS	6535 SW 90TH TER	
CITY-ST-ZIP	OCALA FL 34481	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PCTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, RICHARD	
STREET ADDRESS	6535 SW 90TH TERR	
CITY-ST-ZIP	OCALA, FL 34481	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT BAYS	
STREET ADDRESS	7716 SW 117TH ST. RD.	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID GRAHAM	
STREET ADDRESS	10 PINE WAY PLACE	
CITY-ST-ZIP	OCALA, FL 34472	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANDELL, DONALD	
STREET ADDRESS	6261 SW 102ND ST RD	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Donald J. Yandell* ADMINISTRATOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/17/00**

Date

**1-352-489-5830**

Daytime Phone #

CR2E037 (9/99)