

DOCUMENT # 733253

1. Entity Name

ORMOND BEACH FIRST CHRISTIAN CHURCH (DISCIPLES O

Principal Place of Business

Mailing Address

(DISCIPLES OF CHRIST)

50 SEVILLE STREET

ORMOND BEACH FL 32174-7847

(DISCIPLES OF CHRIST)

50 SEVILLE STREET

ORMOND BEACH FL 32174-7847

FILED
01-08-2001 90061 005 *****61.25

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SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

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

23-7438179

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

Name

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

City

FL

Zip Code

MARTIN, BETTY L

395 S. ATLANTIC AVE. #204

ORMOND BCH FL 32178

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

Betty Martin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
RAMEY, DAVID M
RT 4 744 PRINGLE RD
DAYTONA BEACH FL 32127

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HIBBS, ROBERT
2803 GLENWOOD AVE
NEW SMYRNA BEACH FL 32168

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WALTERS, JAN
28 SUNNY BCG. DR.
ORMOND BCH. FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MARTIN, BETTY
395 S ATLANTIC, #204
ORMOND BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
COLEMAN, MILDRED
3 FAIR OAKS CIRLCE
ORMOND BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
DANCHIK, CLAUDIA
3041 ROLLINS AVENUE
DAYTONA BEACH FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Jim Klingele
126 Cypress Grove Ln.
Ormond Beach, FL 32174
☒ Change ☐ Addition

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

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

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

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

CR2E037 (10/00)

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:

Betty Martin, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-01

Date

904-677-1121

Daytime Phone #

KE