

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90032 024 \*\*\*\*61.25

**DOCUMENT # 733253**

1. Entity Name

**ORMOND BEACH FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) INC.**

Principal Place of Business

Mailing Address

(DISCIPLES OF CHRIST)  
 50 SEVILLE STREET  
 ORMOND BEACH FL 32174-7647

(DISCIPLES OF CHRIST)  
 50 SEVILLE STREET  
 ORMOND BEACH FL 32174-7647

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

**MARTIN, BETTY L**  
**395 S. ATLANTIC AVE. #204**  
**ORMOND BCH FL 32176**

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

*Betty Martin*

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>RAMEY, DAVID M<br>RT 4 744 PRINGLE RD<br>DAYTONA BEACH FL 32127 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>KLINGELE, JIM<br>126 CYPRESS GROVE LN.<br>ORMOND BEACH FL 32174  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>WALTERS, JAN<br>28 SUNNY BCG. DR.<br>ORMOND BCH. FL             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>MARTIN, BETTY<br>395 S ATLANTIC, #204<br>ORMOND BCH FL          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>COLEMAN, MILDRED<br>3 FAIR OAKS CIRLCE<br>ORMOND BEACH FL       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>DANCHIK, CLAUDIA<br>3041 ROLLINS AVENUE<br>DAYTONA BEACH FL     | <input type="checkbox"/> Delete            |

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

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02

Date

386-677-1121

Daytime Phone #

CR2E037 (9/01)