

2001 UNIFORM BUSINESS REPORT (UBR)

3/12

FILED

Apr 04, 2001 8:00 am
Secretary of State

03-12-2001 90447 047 ****61.25

DOCUMENT # N00000004377

1. Entity Name

DIVINE LIGHT CENTER CHURCH, INC. ✓

Principal Place of Business

980 LAKESHORE DRIVE
DELTONA FL 32725

Mailing Address

980 LAKESHORE DRIVE
DELTONA FL 32725

2. Principal Place of Business

P.O. Box 5764

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5764

Suite, Apt. #, etc.

City & State

Deltona, FL

City & State

Deltona, FL

Zip

32728-5764

Country

Zip

32728-5764

Country

4. FEI Number

69-3658549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GORDY, THOMAS
309 RACHELLE AVENUE
APT. 616
SANFORD FL 32771

7. Name and Address of New Registered Agent

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 reinitializing)

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

TITLE President
NAME Rev. Thomas Gordy
STREET ADDRESS 309 Rachel Ave. #616
CITY-ST-ZIP Sanford, FL 32771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V.P./Secretary
NAME Rev. Mary B. Hicks
STREET ADDRESS 185 Hibiscus Ln.
CITY-ST-ZIP Deltona, 32738 ☐ Change ☒ Addition

TITLE Treasurer
NAME Annette O'Connor
STREET ADDRESS 116 Bancroft St.
CITY-ST-ZIP Deltona, 32725 ☐ 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

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: *Rev. Thomas Gordy* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-01 (407) 562-5621

Date

Daytime Phone #

CR2E037 (10/00)