

4/10/02

FILED

May 21, 2002 8:00 am
Secretary of State

04-10-2002 90655 047 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004377

1. Entity Name

DIVINE LIGHT CENTER CHURCH, INC.

Principal Place of Business

Mailing Address

PO BOX 5764
DELTONA FL 32728-5764PO BOX 5764
DELTONA FL 32728-5764

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

59-3658549

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

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

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | GORDY, THOMAS REV | |
| STREET ADDRESS | 309 RACHELLE AVE #616 | |
| CITY-ST-ZIP | SANFORD FL 32771 | |

| | | |
|----------------|-------------------|--|
| TITLE | VPST | <input checked="" type="checkbox"/> Delete |
| NAME | HICKS, MARY B REV | |
| STREET ADDRESS | 185 HIBISCUS LN | |
| CITY-ST-ZIP | DELTONA FL 32738 | |

| | | |
|----------------|-------------------|--|
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | O'CONNOR, ANNETTE | |
| STREET ADDRESS | 1116 BONCROFT ST | |
| CITY-ST-ZIP | DELTONA FL 32725 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

| | | |
|----------------|----------------------------|--|
| TITLE | VPST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lucy Dixon - VP | |
| STREET ADDRESS | 180 Magnolia Woods Ct. #9C | |
| CITY-ST-ZIP | Deltona FL 32725 | |

| | | |
|----------------|-----------------------------|--|
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Christopher Doolin - Treas. | |
| STREET ADDRESS | 151 COURT ST. | |
| CITY-ST-ZIP | Enterprise, FL 32725 | |

| | | |
|----------------|--|---|
| 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 | | |

| | | |
|----------------|--|---|
| 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 officers and directors empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: *Thomas Gordy* 4-4-02 (407) 302-8621
 DATE: 4-4-02 DAYTIME PHONE: (407) 302-8621

CR2E037 (9/01)