

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04292

1. Entity Name

DANNY DAVID EVANGELISTIC ASSOCIATION, INCORPORAT

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90036 037 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1221 IBSEN AVE  
ORLANDO FL 32809  
US

PO BOX 592215  
ORLANDO FL 32859-2215  
US

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

49-2455538

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

DAVID, DANNY  
1221 IBSEN AVE  
ORLANDO FL 32809

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	DAVID, DANNY	1221 IBSEN AVENUE	ORLANDO FL	<input type="checkbox"/>
DST	DAVID, MILDRED	1221 IBSEN AVENUE	ORLANDO FL	<input type="checkbox"/>
DVP	PYLE, FRANK J. JR	1525 E ROBINSON STR	ORLANDO FL	<input type="checkbox"/>
D	WITKO, LIBBY	2307 E.H. POUNDS DR.	OCOCHEE FL	<input type="checkbox"/>
D	HAMMOND, MARTY	1920 WOODCREST DR.	ORLANDO FL	<input type="checkbox"/>

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

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:

*Danny David* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/00

(407) 859-2038

CP2E037 (9/99)