

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90008 018 ****70.00

DOCUMENT # N04292

1. Entity Name

DANNY DAVID EVANGELISTIC ASSOCIATION, INCORPORAT

Principal Place of Business

1221 IBSEN AVE
 ORLANDO FL 32809
 US

Mailing Address

PO BOX 592215
 ORLANDO FL 32859-2215
 US

U0062183



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

49-2455538

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVID, DANNY
1221 IBSEN AVE
ORLANDO FL 32809

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
After September 12, 2001, min. will be \$236.25

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: **DP** Delete
 NAME: **DAVID, DANNY**
 STREET ADDRESS: **1221 IBSEN AVENUE**
 CITY-ST-ZIP: **ORLANDO FL**

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

TITLE: **DST** Delete
 NAME: **DAVID, MILDRED**
 STREET ADDRESS: **1221 IBSEN AVENUE**
 CITY-ST-ZIP: **ORLANDO FL**

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

TITLE: **DVP** Delete
 NAME: **PYLE, FRANK J. JR**
 STREET ADDRESS: **1525 E ROBINSON STR**
 CITY-ST-ZIP: **ORLANDO FL**

TITLE: Change Addition
 NAME: **DVP Pyle, Frank J. Pyle**
 STREET ADDRESS: **340 N. Orange Av**
 CITY-ST-ZIP: **Orlando, Fl. 32801**

TITLE: **D** Delete
 NAME: **WITKO, LIBBY**
 STREET ADDRESS: **2307 E.H. POUNDS DR.**
 CITY-ST-ZIP: **OCOOE FL**

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

TITLE: **D** Delete
 NAME: **HAMMOND, MARTY**
 STREET ADDRESS: **1920 WOODCREST DR.**
 CITY-ST-ZIP: **ORLANDO FL**

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change 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 other like empowered.

SIGNATURE: *Danny David* **REQUIRED**

8/23/01

407-859-2038

CR2E037 (5/01)