

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90722 002 ****70.00

DOCUMENT # N07315

1. Entity Name

DISCIPLESHIP, EDUCATION AND EVANGELISM MINISTRY, INC.



Principal Place of Business

**14412 AGUILA AVE
FT PIERCE FL 34951
US**

Mailing Address

**14412 AGUILA AVE
FT PIERCE FL 34951
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 **59-2511680**

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

**NEFF, LINDA
14412 AGUILA AVE
FT PIERCE FL 34951**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	NEFF, LINDA	
STREET ADDRESS	14412 AGUILA	
CITY-ST-ZIP	FT PIERCE FL 34951	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHINDLER, FRED F	
STREET ADDRESS	113 DRIVER LANE	
CITY-ST-ZIP	COHUTTA GA 30710	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILSON, STEVE	
STREET ADDRESS	42 HOLLIE ROAD	
CITY-ST-ZIP	LA FAYETTE GA 30728	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FINCHER, DONNA	
STREET ADDRESS	1690 N. MAIN ST.	
CITY-ST-ZIP	LA FAYETTE GA 30728	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINCHER, Donna	
STREET ADDRESS	1668 Talmadge Drive	
CITY-ST-ZIP	Toccoa, GA 30577	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINCHER, Richard	
STREET ADDRESS	1668 Talmadge Drive	
CITY-ST-ZIP	Toccoa, GA 30577	
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 other like empowered.

SIGNATURE: *Steve Wilson*

4/2/03 706-638-1909

CR2E037 (10/02)