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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12067

(7)

1. Corporation Name

DEBARY CHRISTIAN CHURCH, INC.



Principal Place of Business

Mailing Address

145 SOUTH HWY 17-92
P.O. BOX 914
DEBARRY FL 32713

145 SOUTH HWY 17-92
P.O. BOX 914
DEBARRY FL 32713

2. Principal Place of Business

2a. Mailing Address

21 **138 DIRKSEN DR**

26 **PO Box 914**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **DE BARY FL**

28 **DEBARY FL**

Zip

Country

Zip

Country

24 **32713**

25

29 **32713-0914**

30 **FLORIDA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REAMES, NORMAN
2120 CAPTAIN DRIVE
DELTONA FL 32738**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☒ DELETE
NAME **COLLETTE, FRANCIS H**
STREET ADDRESS **1140 BRADDOCK RD.**
CITY-STATE-ZIP **ENTERPRISE FL**

TITLE **VCD** ☒ DELETE
NAME **GREENLEE, PAUL**
STREET ADDRESS **2005 UNIVERSITY DR**
CITY-STATE-ZIP **ORLANDO FL**

TITLE **SD** ☒ DELETE
NAME **COLLETTE, ROMILIE**
STREET ADDRESS **1140 BRADDOCK RD**
CITY-STATE-ZIP **ENTERPRISE FL**

TITLE **TD** ☒ DELETE
NAME **KUENKELE, ROBERT W**
STREET ADDRESS **65 A BOUGAINVILLEA DR**
CITY-STATE-ZIP **DEBARY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CD ☐ Change ☒ Addition
JAMES E SMITH
1566 S ELSASSER ST
DELAND FL 32720

VCD ☐ Change ☒ Addition
GEORGE D DEWESE
3341 VANCOUVER AVE
DELTONA FL 32738

SD ☐ Change ☒ Addition
JENELL H SANFORD
379 W HIGHBANKS RD
DEBARY FL 32713-4612

TD ☐ Change ☒ Addition
DALE A SANFORD
379 W HIGHBANKS RD
DEBARY FL 32713-4612

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dale A Sanford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DALE A. SANFORD 1-26-96 (407) 668-2626
Date Daytime Phone #

CR2E037 (12/95)