

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

138 DIRKSEN DRIVE  
P.O. BOX 914  
DEBARY FL 32713  
USPOST OFFICE BOX 914  
P.O. BOX 914  
DEBARY FL 32713-0914  
US3. Date Incorporated or Qualified  
11/14/19853a. Date of Last Report  
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21 138 DIRKSEN DR

26 138 DIRKSEN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 \$

27

City &amp; State

City &amp; State

23 DEBARY FL

28 DEBARY FL

Zip

Country

Zip

Country

24 32713-3836

29 32713-3836

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REAMES, NORMAN  
2120 CAPTAIN DRIVE  
DELTONA FL 3273881 Name DE WEESE, GEORGE D  
82 Street Address (P.O. Box Number is Not Acceptable)  
3341 VANCOUVER AVE  
83  
84 City DELTONA FL 85 Zip Code 32738

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 *George D. DeWese*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

2-2-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, JAMES E.	
STREET ADDRESS	1586 S ELSASSER ST	
CITY - ST - ZIP	DELAND FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	DEWEESE, GEORGE D.	
STREET ADDRESS	3341 VANCOUVER AVENUE	
CITY - ST - ZIP	DELTONA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SANFORD, JENELL H.	
STREET ADDRESS	379 W HIGHBANKS ROAD	
CITY - ST - ZIP	DEBARY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SANFORD, DALE A.	
STREET ADDRESS	379 W HIGHBANKS ROAD	
CITY - ST - ZIP	DEBARY FL	
TITLE	C/D	<input type="checkbox"/> DELETE
NAME	PAUL GREEN	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL GREENLEE	
1.3 STREET ADDRESS	2005 UNIVERSITY DR	
1.4 CITY - ST - ZIP	ORLANDO FL 32804	
2.1 TITLE	D / Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANK COLLETTE	
2.3 STREET ADDRESS	1140 BRADDOCK RD	
2.4 CITY - ST - ZIP	ENTERPRISE FL 32725	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	VC / T / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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

2-6-97

Date

Daytime Phone # 0013070

CR2E037 (9/96)