FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N12067

(7)

FILED
Feb 04 1998 8:00am
Secretary of State

DEBA	RY CHRISTIAN CHURCH, IN	c.				. 		
Principal Plac	ce of Business	Mailing Address			•••			
138 DIRKSEN DEBARY FL 33 US		138 DIRKSEN DR DEBARY FL 32713-3836 US				3. Date Incorporated or Qualified 11/14/1985 4. FEI Number Applied For		
2. Principal 8	Piace of Business	2a. Mailing Address				59-2743728 Not Applicable		
21		26				5. Certificate of Status Desired S8.75 Additional Fee Required		
Suite, Apt.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & Stat	te	City & State				7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No		
Zip 24	Country 25	Zip 29	<u> </u>	untry		8. This corporation owes or has paid the current year Intangible		
	9. Name and Address of Current		30			Personal Property Tax due June 30. Yes No		
	az Manio ana Madaga di Garren	Hegistered Agent		81	Name	10. Name and Address of New Registered Agent		
DEMES	0F 0F0D0F D			0'	Maine			
DEWEESE, GEORGE D 3341 VANCOUVER DR				82	Street Ad	Address (P.O. Box Number is Not Acceptable)		
DELTON	VA FL 32738			83	•			
				84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 617 0502	and 617 1508 Florida State	itae tha a	bove	named o	composation submits this statement for the purpose of about a line we distance		
office or r	registered agent, or both, in the State of	of Florida. Such change was	authorize	d by	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
	an armia win, and accept the obligation	ions of, section 617.0503, F	RGE	wes.	ξW	1 11/40		
SIGNATURE .	Signature, typed or political name of registered agen	t and title if applicable (NC		d Agen	t signature re	equired when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	. 1,1 Π	ITLE		☐ Change ☐ Addition		
NAME	SANFORD, JENELL H.		1.2 N	AME				
STREET ADDRESS	379 W HIGHBANKS ROAD		1.3 \$1	TREET A	DDRESS			
CITY-ST-ZIP	DEBARY FL		1.4 CI	ITY-ST-	-ZIP			
TITLE	VCTD	☐ DELETE	2.1 TI	TLE		Change Addition		
NAME	SANFORD, DALE A.		2.2 N	AME	1			
STREET ADDRESS	379 W HIGHBANKS ROAD		2.3 ST	TREET A	DORESS			
CITY-ST-ZIP	DEBARY FL			ITY-ST	-ZIP			
TITLE	CD	DELETE	3.1 TI	TLE		Change Addition		
NAME	GREENLEE, PAUL		3.2 N/					
STREET ADDRESS	2005 UNIVERSITY DR ORLANDO FL				DDRESS			
CITY-ST-ZIP TITLE	DTR	DELETE		ITY - \$T-	- ZIP			
NAME	COLLETTE, FRANK	LI VELETE	4.1 TI			Change Addition		
	1140 BRADDOCK RD		4, 2 N					
STREET ADDRESS	ENTERPRISE FL				DDRESS			
CITY-ST-ZIP TITLE	LIVIER RISE PE	☐ DELETE		TY-ST-	ZIP	Ob		
NAME		E percie	5.1 TI			L Change L Addition		
,			5.2 NA					
STREET ADDRESS					DDRESS			
CITY-ST-ZIP TITLE		DELETE		TY-ST-	ZIP	[[Channel]] A 1.00		
NAME		☐ pareit	6.1 TIT		1	Change Addition		
STREET ADDRESS			6.2 NA		DODGE			
CITY-ST-ZIP					DORESS			
	ertify that the information supplied with	this filing does not qualify i	or the exe	TY-ST-	ur on stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information		

14. 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 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. I further certify that the information indicated on this analysis of 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. I further certify that the information indicated on this analysis of 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. I further certify that the information indicated on the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated on the information of the corporation of th

SIGNATURE:

DO CHIEDOMORO DATE TA JANFORD 1/12/98 (L