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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N12067					
1. Corporation Name DEBARY CHRISTIAN CHURCH, INC.					
Principal Place of Business 138 DIRKSEN DR DEBARY FL 32713 US			Mailing Address 138 DIRKSEN DR DEBARY FL 32713-3836 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/14/1985	
4. FEI Number 59-2743728		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
9. Name and Address of Current Registered Agent DEWEESE, GEORGE D 3341 VANCOUVER DR DELTONA FL 32738			10. Name and Address of New Registered Agent 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 <u>Mark H. Little</u> DATE <u>2-7-99</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S NAME SANFORD, JENELL H. STREET ADDRESS 379 W HIGHBANKS ROAD CITY-ST-ZIP DEBARY FL			1.1 TITLE T 1.2 NAME Bob Stacy 1.3 STREET ADDRESS 395 Saxon Blvd. 1.4 CITY-ST-ZIP Deltona, FL 32725		
TITLE VCTD NAME SANFORD, DALE A. STREET ADDRESS 379 W HIGHBANKS ROAD CITY-ST-ZIP DEBARY FL			2.1 TITLE T 2.2 NAME Pat Giblin 2.3 STREET ADDRESS 124 Colomba Rd. 2.4 CITY-ST-ZIP DeBary, FL 32713		
TITLE CD NAME GREENLEE, PAUL STREET ADDRESS 2005 UNIVERSITY DR CITY-ST-ZIP ORLANDO FL			3.1 TITLE VCTD 3.2 NAME Juanita Thomann 3.3 STREET ADDRESS 39522 Greenbrier St. 3.4 CITY-ST-ZIP Eustis, FL 32726		
TITLE DTR NAME COLLETTE, FRANK STREET ADDRESS 1140 BRADDOCK RD CITY-ST-ZIP ENTERPRISE FL			4.1 TITLE CD 4.2 NAME George DeWeese 4.3 STREET ADDRESS 3341 Vancouver Ave. 4.4 CITY-ST-ZIP Deltona, FL 32738		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required G.D. 2-7-99 904-532-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)