

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12067

1. Entity Name

DEBARY CHRISTIAN CHURCH, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90145 031 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2743728

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEWEESE, GEORGE D
 3341 VANCOUVER DR
 DELTONA FL 32738

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.

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SANFORD, JENELL H.	
STREET ADDRESS	379 W HIGHBANKS ROAD	
CITY-ST-ZIP	DEBARY FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STACY, BOB	
STREET ADDRESS	395 SAXON BLVD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	T	<input type="checkbox"/> Delete
NAME	GIBLIN, PAT	
STREET ADDRESS	124 COLOMBA RD	
CITY-ST-ZIP	DEBARRY FL 32713	
TITLE	VCTD	<input type="checkbox"/> Delete
NAME	THOMANN, JUANITA	
STREET ADDRESS	39522 GREENBRIER ST	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	CD	<input type="checkbox"/> Delete
NAME	DEWSSES, GEORGE	
STREET ADDRESS	3441 VANCOUVER AVE	
CITY-ST-ZIP	DELTONA FL 32738	
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWEESE, GEORGE	
STREET ADDRESS	3441 VANCOUVER AVE	
CITY-ST-ZIP	DELTONA FL 32738	
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:

GEORGE D. DEWEESE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-00

Date

904-532-244

Daytime Phone #

CFR2E037 (5/00)