

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N51198**

1. Entity Name

THE CHRISTIAN CHURCH AT DELEON SPRINGS, INC.**FILED****Mar 03, 2002 8:00 am**
Secretary of State

03-03-2002 90129 010 ****61.25

Principal Place of Business

Mailing Address

**4481 MILLS RD
DELEON SPRINGS FL 32130
US****P.O. BOX 454
DELEON SPRINGS FL 32130**

2. Principal Place of Business

4481 MILLS RD.

3. Mailing Address

P.O. Box 454

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELEON SPRINGS FL

City & State

DELEON SPRINGS FL

4. FEI Number

59-3147326

Applied For

Not Applicable

Zip

32130

Country

USA

Zip

32130

Country

USA5. 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

**BROOKS, ROBERT C.
4890 MERWIN ST.
DELEON SPRINGS FL 32130**

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

Robert C. Brooks, Elder

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

(NOTE: Registered Agent signature required when reinstating)

Feb. 18, 2002

DATE

FILE NOW: FEE IS \$61.259. 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 **D** ☐ Delete
NAME **BROOKS, ROBERT C.**
STREET ADDRESS **4890 MERWIN ST.**
CITY-ST-ZIP **DELEON SPGS. FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **MARPOLE, THOMAS A**
STREET ADDRESS **314 KATRINA ST**
CITY-ST-ZIP **DELEON SPRINGS FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SWANN, JAMES T.**
STREET ADDRESS **526 CYGNET LANE**
CITY-ST-ZIP **DELAND FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **WILLIAMS, GARETH**
STREET ADDRESS **620 N TUXEDO AVE**
CITY-ST-ZIP **DELAND FL 32720**TITLE **T** ☒ Change ☐ Addition
NAME **PHILIP BAUER JR.**
STREET ADDRESS **1710 PINE AVE.**
CITY-ST-ZIP **DELAND, FL 32721**TITLE **T** ☒ Delete
NAME **ATEN, MITCHELL**
STREET ADDRESS **1676 BEASLEY DR**
CITY-ST-ZIP **DELAND FL 32720**TITLE **T** ☒ Change ☐ Addition
NAME **JENNIFER BAUER**
STREET ADDRESS **1710 PINE AVE**
CITY-ST-ZIP **DELAND, FL 32721**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Robert C. Brooks, Elder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 18, 2002 386-985-5163

Daytime Phone #

CR2E037 (9/01)