

2000 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-18-2000 90309 032 ****61.25

DOCUMENT # N99000002942

1. Entity Name

DEDICATE YOUR CHILD BACK TO GOD, INC.

R

Principal Place of Business

Mailing Address

4024 WATCH HILL RD.
 ORLANDO FL 32808

4024 WATCH HILL RD.
 ORLANDO FL 32808-2840

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-364142-3

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EADY, FAYBELLE F REV DR
4024 WATCH HILL RD.
ORLANDO FL 32808

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

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 **PD** ☒ Delete
 NAME **BEAMER, VIVIAN M REV**
 STREET ADDRESS **1219 S. LAKE AVE.**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE **VICE-PRESIDENT/DIRECTOR** ☒ Change ☐ Addition
 NAME **BEAMER, VIVIAN M. REV.**
 STREET ADDRESS **1219 S. LAKE AVE.**
 CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **VD** ☒ Delete
 NAME **EADY, FAYBELLE F REV DR**
 STREET ADDRESS **4024 WATCH HILL RD.**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **PRESIDENT/DIRECTOR** ☒ Change ☐ Addition
 NAME **EADY, FAYBELLE F. REV. DR.**
 STREET ADDRESS **4024 WATCH HILL RD.**
 CITY-ST-ZIP **ORLANDO, FL 32808**

TITLE **SD** ☐ Delete
 NAME **BULLARD, CONNIE REV**
 STREET ADDRESS **5040 N. LANE #43**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **EADY, BENNY G REV**
 STREET ADDRESS **4024 WATCH HILL RD.**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **SULLIVAN, TEVITT REV SR**
 STREET ADDRESS **5422 TEMBER CHASE CT.**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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: *[Signature]* **DR. FAYBELLE F. EADY 4/28/00 4072988701**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25037 (9/99)