

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002942

1. Entity Name

DEDICATE YOUR CHILD BACK TO GOD, INC.

Principal Place of Business

4024 WATCH HILL RD.
ORLANDO FL 32808

Mailing Address

4024 WATCH HILL RD.
ORLANDO FL 32808

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

59-3641423

Applied For

Not Applicable

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

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

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

TITLE PD ☐ Delete
NAME EADY, FAYBELLE F REV DR
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 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 TD
STREET ADDRESS Bradford Hezekiah Rev.
CITY-ST-ZIP 21 W. 13th St
Apopka, FL 32703

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dr. Faybelle F. Eady 4-28-01 407 298 8701

Date

Daytime Phone #

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90002 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)