2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723524

FILED Feb 17, 2005 Secretary of State

Entity Name: FIRST CHRISTIAN CHURCH OF DUNNELLON, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

12401 SW RD #484 12401 SW HWY #484

DUNNELLON, FL 34432 US DUNNELLON, FL 34432 US

Current Mailing Address: New Mailing Address:

12401 SW RD #484 12401 SW HWY #484

DUNNELLON, FL 34432 US DUNNELLON, FL 34432 US

FEI Number: 59-4210052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEMS, WILLIAM 8331 S.W. 135TH LOOP OCALA, FL 34473 US

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: CD () Delete Title: CD (X) Change () Addition

 Name:
 CARREL, JACK
 Name:
 RAY, JAMES D MR

 Address:
 11752 S.W. 139TH ST.
 Address:
 6650 SE 105TH AVENUE

 City-St-Zip:
 DUNNELLON, FL 34432
 City-St-Zip:
 MORRISTON, FL 32668

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 RAY, JIM
 Name:
 PEFFLEY, JIM MR.

 Address:
 6650 SE 150TH AVE.
 Address:
 8460 SW 115 ST ROAD

 City-St-Zip:
 MORRISTON, FL 32668
 City-St-Zip:
 OCALA, FL 34481

Title: TSD () Delete Title: () Change () Addition

 Name:
 DEMS, WILLIAM
 Name:

 Address:
 10819 SW 83RD CT.
 Address:

 City-St-Zip:
 OCALA, FL 34481
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 FRANKLIN, ADOLPH
 Name:

 Address:
 6875 S.W. 114TH ST. RD.
 Address:

 City-St-Zip:
 OCALA, FL 34476
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM DEMS TSD 02/17/2005