

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723524

FILED
Jan 14, 2007
Secretary of State

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

Current Principal Place of Business:

12401 SW HWY #484
DUNNELLON, FL 34432 US

New Principal Place of Business:

Current Mailing Address:

12401 SW HWY #484
DUNNELLON, FL 34432 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: CD () Delete
Name: RAY, JAMES D MR
Address: 6650 SE 105TH AVENUE
City-St-Zip: MORRISTON, FL 32668

Title: VD () Delete
Name: PEFFLEY, JIM MR.
Address: 8460 SW 115 ST ROAD
City-St-Zip: Ocala, FL 34481

Title: TSD () Delete
Name: DEMS, WILLIAM
Address: 10819 SW 83RD CT.
City-St-Zip: Ocala, FL 34481

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TSD (X) Change () Addition
Name: DEMS, WILLIAM MRDDD
Address: 10819 SW 83RD CT.
City-St-Zip: Ocala, FL 34481

Title: D () Change (X) Addition
Name: DAVID, HOPKINS MR
Address: 13179 SW 81TH STREET
City-St-Zip: DUNNELLON, FL 34432

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

01/14/2007

Electronic Signature of Signing Officer or Director

_____ Date