

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Apr 04, 2006**  
**Secretary of State**

DOCUMENT# N45633

**Entity Name:** PARK AVENUE CHURCH OF CHRIST, INC.

**Current Principal Place of Business:**

511 S. PARK AVE  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

**Current Mailing Address:**

511 S. PARK AVE  
TITUSVILLE, FL 32796

**New Mailing Address:**

**FEI Number:** 59-3106105      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROBERT L MANN  
3218 SCENIC WOODS DRIVE  
DELTONA, FL 32725 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: MANN, ROBERT L  
Address: 3218 SCENIC WOODS DRIVE  
City-St-Zip: DELTONA, FL 32725

Title: TD ( ) Delete  
Name: SANDS, WILLIAM H  
Address: 1370 WAREAGLE BLVD  
City-St-Zip: TITUSVILLE, FL 32796

Title: SD ( ) Delete  
Name: WILLIAMS, THOMAS I  
Address: 951 KENILWORTH COURT  
City-St-Zip: TITUSVILLE, FL 32780

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: HALL, SIMON G  
Address: 519 GILBERT STREET  
City-St-Zip: TITUSVILLE, FL 37280

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

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: ROBERT L MANN

CD

04/04/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date