

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2004  
Secretary of State**

DOCUMENT# N97000003202

Entity Name: DELAND OPEN BIBLE CHURCH, INC.

**Current Principal Place of Business:**

2179 N SPRING GARDEN AVE  
DELAND, FL 32720 US

**New Principal Place of Business:**

**Current Mailing Address:**

2179 N SPRING GARDEN AVE  
DELAND, FL 32720 US

**New Mailing Address:**

FEI Number: 59-3451958      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

AVINGER, THOMAS R  
2500 E LAKE DR  
DELAND, FL 32724

**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: PDC ( ) Delete  
Name: AVINGER, THOMAS R  
Address: 2500 E LAKE DR  
City-St-Zip: DELAND, FL 32724

Title: TD ( ) Delete  
Name: AVINGER, SHARON K  
Address: 2500 E LAKE DR  
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete  
Name: AVINGER, THOMAS  
Address: 2500 E LAKE DRIVE  
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete  
Name: BLOMQUIST, MARJORIE  
Address: 1725 ARREDONDO GRANT RD.  
City-St-Zip: DE LEON SPRINGS, FL 32130

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

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

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

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

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 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: SHARON AVINGER

TD

04/26/2004

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

\_\_\_\_\_  
Date