FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703600 (7)

1. Corporation Name
CHRISTIAN BUSINESS MEN'S COMMITTEE OF DELAND, IN C.

Principal Place of Business	Mailing Address
DELAND INC 1050 WEST BLUE SPRINGS AVENUE ORANGE CITY FL 32763	DELAND INC 1050 WEST BLUE SPRINGS AVENUE ORANGE CITY FL 32763

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1962
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-1636691 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

WALKER, JAMES T.
1050 W BLUE SPRINGS AVENUE
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	HARDING, WESLEY G	1.2 NAME		
STREET ADDRESS	105 ASPEN	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	BURRISS, NEAL	2.2 NAME		
STREET ADDRESS	1413 S WOODLAND BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	WAGNER, MATTHEW P	3.2 NAME		
STREET ADDRESS	481 N BLUE LAKE	3.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HILL, AL	4.2 NAME	Toler, Henry	
STREET ADDRESS	63 MADERA RD.	4.3 STREET ADDRESS	222 Buena Vista St.	
CITY-ST-ZIP	DEBARRY FL	4.4 CITY-ST-ZIP	DeBary, Fl. 32713	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	CONRAD, EDWARD	5.2 NAME	Prall, Quentin E.	
STREET ADDRESS	972 SWEET BRYER DR.	5.3 STREET ADDRESS	668 Pyramid Ave.	
CITY-ST-ZIP	DELTONA FL	5.4 CITY-ST-ZIP	Deltona, Fl. 32725	
TITLE	SD	6.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, JAMES T.	6.2 NAME		
STREET ADDRESS	1050 W. BLUE SPG AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Matthew P. Wagner Matthew P. Wagner 3/11/95 904 734 3632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031902