

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 703600 (7)

1. Corporation Name

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



Principal Place of Business

DELAND INC
1050 WEST BLUE SPRINGS AVENUE
ORANGE CITY FL 32763

Mailing Address

DELAND INC
1050 WEST BLUE SPRINGS AVENUE
ORANGE CITY FL 32763

3. Date Incorporated or Qualified
02/16/1962

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1636691

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

City & State

23

City & State

28

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **HARDING, WESLEY G**
STREET ADDRESS **105 ASPEN**
CITY - ST - ZIP **ORANGE CITY FL**

TITLE **V** ☐ DELETE
NAME **BURRIS, NEAL**
STREET ADDRESS **1413 S WOODLAND BLVD.**
CITY - ST - ZIP **DELAND FL**

TITLE **T** ☒ DELETE
NAME **WAGNER, MATTHEW P**
STREET ADDRESS **481 N BLUE LAKE**
CITY - ST - ZIP **DELAND FL**

TITLE **D** ☐ DELETE
NAME **TOLER, HENRY**
STREET ADDRESS **222 BUENA VISTA ST**
CITY - ST - ZIP **DEBARRY FL**

TITLE **D** ☐ DELETE
NAME **PRALL, QUENTIN E.**
STREET ADDRESS **668 PYRAMID AVE**
CITY - ST - ZIP **DELTONA FL**

TITLE **SD** ☐ DELETE
NAME **WALKER, JAMES T.**
STREET ADDRESS **1050 W. BLUE SPG AVE**
CITY - ST - ZIP **ORANGE CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TD** ☒ Change ☐ Addition
1.2 NAME **PRALL, QUENTIN E**
1.3 STREET ADDRESS **668PYRAMID AVE**
1.4 CITY - ST - ZIP **DELTONA, FL 32725**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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: *Quentin E. Prall* (Treasurer)

02-01-96

407/574-4884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)