

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704833

FILED  
Apr 30, 2005  
Secretary of State

**Entity Name:** NICEVILLE CHRISTIAN CHURCH, INC. OF NICEVILLE, FLORIDA

**Current Principal Place of Business:**

HWY 20 AT PINE AVENUE  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 174  
NICEVILLE, FL 32588

**New Mailing Address:**

**FEI Number:** 59-2782068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, BRADFORD D  
502 MOSS OAK LANE  
NICEVILLE, FL 32578 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: TD (X) Delete  
Name: BROWN, ROBERT E  
Address: 1914 QUINCE AVENUE  
City-St-Zip: NICEVILLE, FL 32578

Title: TD ( ) Delete  
Name: WILLIAMS, BRADFORD D  
Address: 502 MOSS OAK LANE  
City-St-Zip: NICEVILLE, FL 32578

Title: TD ( ) Delete  
Name: DAVIS, DOUGLAS L  
Address: 1700 EVANS COURT  
City-St-Zip: NICEVILLE, FL 32578

**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:

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: BRADFORD D. WILLIAMS

DR.

04/30/2005

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

\_\_\_\_\_  
Date