2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# 709458

Entity Name: THE DELTONA CHRISTIAN CHURCH (DISCIPLES OF CHRIST INC.

Current Principal Place of Business:

960 EAST NORMANDY BLVD
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

960 EAST NORMANDY BLVD
DELTONA, FL 32725 US

New Mailing Address:

FEI Number: 59-3010876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAMILTON, LINDA
1031 N HARBOR DR
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:	TD	( ) Delete
Name:	GEESE, PATRICIA	
Address:	556 GAINSBORO ST	
City-St-Zip:	DELTONA, FL 32725	
Title:	SD	( ) Delete
Name:	KAMENICKY, FRANCES	
Address:	2832 E CANAL RD	
City-St-Zip:	DELTONA, FL 32725	
Title:	D	( ) Delete
Name:	BIGGAR, JAMES	
Address:	2211 GAMEWELL CT	
City-St-Zip:	DELTONA, FL 32725	
Title:	VD	( ) Delete
Name:	DEPOY, JAMES	
Address:	901 SWALLOW ST	
City-St-Zip:	DELTONA, FL 32725	
Title:	PD	( ) Delete
Name:	HAMILTON, LINDA	
Address:	1031 N HARBOR DR	
City-St-Zip:	DELTONA, FL 32725	
Title:	D	( ) Delete
Name:	COLLETTE, FRANK	
Address:	1140 BRADDOCK RD	
City-St-Zip:	DELTONA, FL 32725	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	TD	(X) Change ( ) Addition
Name:	PORTER, WILLIAM G	
Address:	1950 E COOPER DR	
City-St-Zip:	DELTONA, FL 32725	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	BILLINGS, RAEMIL	
Address:	650 S GLANCEY DR	
City-St-Zip:	DELTONA, FL 32725	
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 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: LINDA HAMILTON PD 07/07/2008
Electronic Signature of Signing Officer or Director — Date