

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709866

FILED
Apr 29, 2004
Secretary of State

Entity Name: DELTONA UNITED CHURCH OF CHRIST, INC.

Current Principal Place of Business:

1649 PROVIDENCE BLVD
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

1649 PROVIDENCE BLVD
DELTONA, FL 32725

New Mailing Address:

FEI Number: 59-2421879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVER, ROSEMARIE
902 SULLIVAN ST
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: MD () Delete
Name: LIEWALLYN, DAVID MD
Address: 2278 HOLSTON ST
City-St-Zip: DELTONA, FL 32738

Title: COCD () Delete
Name: OLIVER, ROSEMARIE
Address: 902 SULLIVAN ST
City-St-Zip: DELTONA, FL 32725

Title: AFS (X) Delete
Name: ARIAL, LESTER
Address: 352 E. 3RD AVE
City-St-Zip: MOUNT DORA, FL 32757

Title: T () Delete
Name: BOLTON, STEPHANIE
Address: 1723 SUMATRA AVE
City-St-Zip: DELTONA, FL 32725

Title: AT () Delete
Name: LUCAS, CHRISTINE
Address: 1739 HALLCREST DR
City-St-Zip: DELTONA, FL 32725

Title: FSD () Delete
Name: ARNETT, JOY
Address: 1862 E CHAPEL DR
City-St-Zip: DELTONA, FL 32738

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: T (X) Change () Addition
Name: ARNETT, JOY
Address: 1862 E. CHAPEL DR.
City-St-Zip: DELTONA, FL 32725

Title: AT (X) Change () Addition
Name: BOLTON, STEPHANIE
Address: 1723 SUMATRA AVE.
City-St-Zip: DELTONA, FL 32725

Title: FSD (X) Change () Addition
Name: LLEWALLYN, KELLY
Address: 2278 HOLSTON ST.
City-St-Zip: DELTONA, FL 32738

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: STEPHANIE BOLTON

AT

04/29/2004

Electronic Signature of Signing Officer or Director

Date