

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709866

FILED  
Apr 30, 2007  
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:**

RAPP, REBECCA  
251 GLENCOVE DRIVE  
DELTONA, FL 32738 US

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

ARNETT, JOY  
1862 E. CHAPEL DRIVE  
DELTONA, FL 32738 US

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: JOY L. ARNETT

04/30/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete  
Name: ROSENTHAL, WALTER MD  
Address: 682 NORTHCLIFF  
City-St-Zip: DELTONA, FL 32738

Title: COCD ( ) Delete  
Name: RAPP, REBECCA  
Address: 251 GLENCOVE DRIVE  
City-St-Zip: DELTONA, FL 32738

Title: T ( ) Delete  
Name: GRANGER, JEAN  
Address: 1496 EDISON TERRACE  
City-St-Zip: DELTONA, FL 32725

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

Title: FSD ( ) Delete  
Name: DENNIS, BLYTH  
Address: 1535 N. NORMANDY DR.  
City-St-Zip: DELTONA, FL 32725

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MD (X) Change ( ) Addition  
Name: ARNETT, JOY MD  
Address: 1862 E. CHAPEL DRIVE  
City-St-Zip: DELTONA, FL 32738

Title: AM (X) Change ( ) Addition  
Name: DAVIS, AMIE  
Address: 2476 SCOTTVILLE AVENUE  
City-St-Zip: DELTONA, FL 32725

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 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: JOY L. ARNETT

MD

04/30/2007

Electronic Signature of Signing Officer or Director

Date