

ANNUAL REPORT (AK)

DOCUMENT # 711443

1. Entity Name

DOVER ADVENT CHRISTIAN CHURCH, INC.



FILED
Mar 20, 2006 08:00 AM
Secretary of State



Principal Place of Business

14202 DOWNING STREET
DOVER FL 33527

Mailing Address

P.O. BOX 396
DOVER FL 33527

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2169557

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUCAS, J. DOUGLAS
3006 NORTH DOVER ROAD
DOVER FL 33527

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when retaining)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CP	<input type="checkbox"/> Delete
NAME	WILLIAMSON, ROBERT	
STREET ADDRESS	2420 NORTH DOVER ROAD	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUCAS, PAULA C	
STREET ADDRESS	3006 NORTH DOVER ROAD	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMSON, SAMMIE	
STREET ADDRESS	2420 NORTH DOVER ROAD	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS, DOUGLAS	
STREET ADDRESS	3006 NORTH DOVER ROAD	
CITY-ST-ZIP	DOVER FL 33527	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

U00000475737
04/05/06-80028-001 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.