


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 711443 1. Entity Name DOVER ADVENT CHRISTIAN CHURCH, INC.	
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Principal Place of Business 14202 DOWNING STREET DOVER, FL 33527	Mailing Address P.O. BOX 396 DOVER, FL 33527
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2169557	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LUCAS, J. DOUGLAS 3006 NORTH DOVER ROAD DOVER, FL 33527
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WILLIAMSON, ROBERT 2420 NORTH DOVER ROAD DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUCAS, PAULA 3006 NORTH DOVER ROAD DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMSON, SAMMIE 2420 NORTH DOVER ROAD DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAS, DOUGLAS 3006 NORTH DOVER ROAD DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/18/07-80010-019 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: J. Douglas Lucas J. Douglas Lucas 1-11-07 813-659-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #