

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 711443

1. Entity Name

DOVER ADVENT CHRISTIAN CHURCH, INC.



Principal Place of Business

14202 DOWNING STREET
DOVER FL 33527

Mailing Address

P.O. BOX 396
DOVER FL 33527



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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 is required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE CP ☐ Delete
NAME WILLIAMSON, ROBERT
STREET ADDRESS 2420 NORTH DOVER ROAD
CITY-STATE-ZIP DOVER FL 33527

TITLE S ☐ Delete
NAME LUCAS, PAULA C
STREET ADDRESS 3006 NORTH DOVER ROAD
CITY-STATE-ZIP DOVER FL 33527

TITLE T ☐ Delete
NAME WILLIAMSON, SAMMIE
STREET ADDRESS 2420 NORTH DOVER ROAD
CITY-STATE-ZIP DOVER FL 33527

TITLE D ☐ Delete
NAME LUCAS, DOUGLAS
STREET ADDRESS 3006 NORTH DOVER ROAD
CITY-STATE-ZIP DOVER FL 33527

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000306902
CITY-STATE-ZIP 05/05/08-80017-001 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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.

SIGNATURE: *J. Douglas Lucas* J. Douglas Lucas 4/8/08 813-659-2600