

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

FILED

Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 712577

1. Entity Name

DEAN ROAD CHURCH OF CHRIST, INC.



Principal Place of Business

1968 DEAN RD.
JACKSONVILLE FL 32216

Mailing Address

1968 DEAN RD.
JACKSONVILLE FL 32216



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)

4. FEI Number

59-2933180

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

GOLLEHER, THERON L
2424 GLADE SPRINGS DRIVE
JACKSONVILLE FL 32246

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME KOVAR, DONALD F
STREET ADDRESS 2804 SACK DRIVE EAST
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000852651
CITY-ST-ZIP 06/04/08-80089-014 70.00

TITLE ☐ Delete
NAME GOLLEHER, FRANK L
STREET ADDRESS 8340 BASCOM ROAD
CITY-ST-ZIP JACKSONVILLE FL 32216

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

TITLE ☐ Delete
NAME GOLLEHER, THERON L
STREET ADDRESS 2424 GLADE SPRINGS DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32216

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

TITLE ☐ Delete
NAME PECK, DAVID
STREET ADDRESS 5153 MARTHA ANN DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE ☐ Delete
NAME BRYANT, GENE
STREET ADDRESS 6688 CABELLO DR
CITY-ST-ZIP JACKSONVILLE FL 32226

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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: Theron L. Golleher THERON L. GOLLEHER

5/28/08

(904) 424-8288