


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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

DOCUMENT # 723524
 1. Entity Name
FIRST CHRISTIAN CHURCH OF DUNNELLON, FLORIDA, INC.



Principal Place of Business 12401 SW HWY #484 DUNNELLON, FL 34432 US	Mailing Address 12401 SW HWY #484 DUNNELLON, FL 34432 US
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DO NOT WRITE IN THIS SPACE



07102006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-4210052	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

DEMS, WILLIAM
 8331 S.W. 135TH LOOP
 OCALA, FL 34473

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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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

Filing Fee is \$61.25
Due by September 6, 2006

-9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000571372
 07/20/06-80005-009 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RAY, JAMES D MR 6650 SE 105TH AVENUE MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEFFLEY, JIM MR. 8460 SW 115 ST ROAD OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD DEMS, WILLIAM 10819 SW 83RD CT. OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *William Demas WILLIAM DEMAS* **7-19-06** **352/861-9678**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #