

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728979

FILED  
Mar 09, 2007  
Secretary of State

Entity Name: TOMOKA CHRISTIAN CHURCH, INC.

**Current Principal Place of Business:**

1151 W. GRANADA BLVD.  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

1151 W. GRANADA BLVD.  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 59-6555190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIDSON, JUDY  
33 S ST ANDREWS DR  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: DAVIDSON, JUDY  
Address: 33 S ST ANDREWS DR  
City-St-Zip: ORMOND BCH, FL 32174

Title: T ( ) Delete  
Name: GOSSMAN, RALPH  
Address: 24 FOREST VIEW WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: TCD ( ) Delete  
Name: FRAINE, CLIFF  
Address: 26 GREENVALE DR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: S ( ) Delete  
Name: PILCHER, GEORGE  
Address: 21 JANET CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD ( ) Delete  
Name: ANDERSON, DAVE  
Address: 47 ST ANDREWS DR  
City-St-Zip: ORMOND BCH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY DAVIDSON

T

03/09/2007

Electronic Signature of Signing Officer or Director

Date