2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 762517

1. Entity Name
BELLEVIEW CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
12355 S.E. HWY 441 P O BOX 1557 BELLEVIEW, FL 34421 US	12355 S.E. HWY 441 P O BOX 1557 BELLEVIEW, FL 34421 US

DO NOT WRITE IN THIS SPACE

01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2421786
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COPELAND, JOHN V
5830 SW 62ND PL
OCALA, FL 34474

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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 May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, GREG
STREET ADDRESS	11615 SE 72ND TERR RD
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	V
NAME	MANN, DAN
STREET ADDRESS	13020 SE HWY 301
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	DVT
NAME	COPELAND, JOHN V
STREET ADDRESS	5830 SW 62ND PL
CITY-ST-ZIP	OCALA, FL 34474
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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01/11/05-80030-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John V. Copeland JOHN V. COPELAND 1-8-05 352-873-2078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TREASURER