


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 762517 1. Entity Name BELLEVIEW CHURCH OF CHRIST, INC.	
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Principal Place of Business 12355 S.E. HWY 441 BELLEVIEW, FL 34420 US	Mailing Address P.O. BOX 1557 BELLEVIEW, FL 34421 US
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2421786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANN, DAN 13020 SE HWY 301 BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WHALIN, TERRY 11875 SE 167TH AVE RD. OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT COPELAND, JOHN V 5830 SW 62ND PL OCALA, FL 34474
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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 John Copeland **JOHN V. COPELAND** 1-14-08 352-873-2078

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