

2004**CORPORATION
ANNUAL REPORT****FILED**
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90308 048 ***150.00

DOCUMENT # N060000005251. Entity Name
CHURCH OF CHRIST AT EATONVILLE, INC.

Principal Place of Business

**25 WASHINGTON AVE
ORLANDO, FL 32810**

Mailing Address

**25 WASHINGTON AVE
ORLANDO, FL 32810****14012851**

2. Principal Place of Business

3. Mailing Address

2 VILLAGE GREEN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122004

Chg-P

CR2E034 (10/03)

City & State

City & State

LONGWOOD, FL

4. FEI Number

59-3502508

Applied For

Not Applicable

Zip

Country

Zip

Country

32779**USA**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****DELEVEAUX, RUPERT J
540 MAITLAND COVE DRIVE
MAITLAND, FL 32751****7. Name and Address of New Registered Agent**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**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
**PD
HARRIS, JAMES
2 VILLAGE GREEN
LONGWOOD, FL 32779** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARRIS, DON E
23 SWEET BAY LN
ORLANDO, FL 32855** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DELEVEAUX, RUPERT J
540 MAITLAND COVE DRIVE
MAITLAND, FL 32751** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JACKSON, JOHN H
7518 MANDARIN DR
ORLANDO, FL 32819** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
COBB, LEROY
7 WASHINGTON AVE
ORLANDO, FL 32810** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 607, 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: *James Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES HARRIS

Date

4/12/04 407-356-3110

Daytime Phone #