

AMENDED
NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)


05-25-2007 90027 010 ****61.25
N15902

FILED

07 MAY 25 PM 4: 10

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CR2E037B (8/05)

| | |
|--|---|
| DOCUMENT # N15902 1. Entity Name DANVILLE Church of CHRIST INC |  |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 8704 SW SR 121 Suite, Apt. #, etc. | 3. Mailing Address 8704 SW SR 121 Suite, Apt. #, etc. |
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| City & State LAKE Butler, FL | City & State LAKE Butler, FL |
| Zip 32054 | Country UNION |

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|---|--|
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

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|--|-----------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name CHARLES BLACKWELDER | |
| Street Address (P.O. Box Number is Not Acceptable) 4905 SW CR 18 A | |
| City LAKE Butler, FL | Zip Code FL 32054 |

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: Charles T. Blackwelder, Agent DATE: 5/16/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | | |
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| FEF IS \$61.25 Initial or Amended AR | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | | | |
|--|--|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRUSTEE, AGENT CHARLES T. BLACKWELDER 4905 SW CR 18 A LAKE Butler, FL 32054 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRUSTEE ELIJAH RHODEN 3112 SE 120th St. STARKE, FL 32091 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | \$76/5 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRUSTEE JOHN H. DAVIS, Jr P.O. Box 262 LACROSSE FL 32058 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Trustee JOHN H. DAVIS, III 4699 SW CR 18A, LAKE Butler, FL 32054 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Charles T. Blackwelder DATE: 5/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR