

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30500

FILED
Apr 23, 2006
Secretary of State

Entity Name: FOUR TOWNS COMMUNITY CHURCH, INC.

Current Principal Place of Business:

181 WOLFPACK RUN
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

181 WOLF PACK RUN
DELTONA, FL 32725 US

New Mailing Address:

FEI Number: 59-2990322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHIEUX, DANIEL
1240 SEYBOLD TERR
DELTONA, FL 32725 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: D () Delete
Name: MATHIEUX, DANIEL
Address: 1240 SEYBOLD TERR
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: WILSON, BOB,
Address: 195 MELLON RD
City-St-Zip: DEBARY, FL

Title: TS () Delete
Name: HOSMER, RACHEL
Address: 778 JIMMY ANN DRIVE, APT. 309
City-St-Zip: DAYTONA BEACH, FL 32114

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:

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: DANIEL MATHIEUX

MR

04/23/2006

Electronic Signature of Signing Officer or Director

Date