2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N35482

1. Entity Name
NORTH BOULEVARD CHURCH OF CHRIST OF DELAND, INC.

Principal Place of Business	Mailing Address
823 N. WOODLAND BLVD. % JACK OWEN, PO BOX 1966 DELAND, FL 32721-2708 US	PO BOX 1966 DELAND, FL 32721 US

08082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OWEN, JACK
823 NORTH WOODLAND BOULEVARD
PO BOX 1966
DELAND, FL 32721

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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 JACK OWEN Jack R Owen 08-09-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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

U00000170060
08/13/04-80002-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, BILL
STREET ADDRESS	895 MINERAL RIGHTS RD
CITY-ST-ZIP	DE LEON SPRINGS, FL 32130
TITLE	VTD
NAME	AVDELOTT, GRAY
STREET ADDRESS	2753 OAK ROAD
CITY-ST-ZIP	DELAND, FL 32720
TITLE	SD
NAME	WEBBER, BILLY G
STREET ADDRESS	29 VILLA VILLAR CT
CITY-ST-ZIP	DELAND, FL 32724
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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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.

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SIGNATURE: Bill Johnson Bill Johnson 8-9-04 985-4218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #