

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90258 004 ****61.25

DOCUMENT # N35482

1. Entity Name

NORTH BOULEVARD CHURCH OF CHRIST OF DELAND,
INC.



Principal Place of Business

823 N. WOODLAND BLVD.
% JACK OWEN, PO BOX 1966
DELAND FL 32721-2708
US

Mailing Address

PO BOX 1966
DELAND FL 32721
US

2. Principal Place of Business

823 N. Blvd.

3. Mailing Address

P.O. Box 1966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLand, FL 32721

City & State

DeLand, FL

Zip

32721

Country

USA

Zip

32721

Country

USA

6. Name and Address of Current Registered Agent

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

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

Bill Johnson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD. ☐ Delete
NAME JOHNSON, BILL
STREET ADDRESS 895 MINERAL RIGHTS RD
CITY-ST-ZIP DE LEON SPRINGS FL 32130

TITLE VTD ☐ Delete
NAME AVDELOTT, GRAY
STREET ADDRESS 2753 OAK ROAD
CITY-ST-ZIP DELAND FL 32720

TITLE SD ☐ Delete
NAME WEBBER, BILLY G
STREET ADDRESS 29 VILLA VILLAR CT
CITY-ST-ZIP DELAND FL 32724

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Will A. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-05

Date

786-985-4218

Daytime Phone #