

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.

City & State: Deland, FL 32721
 City & State: De Land, FL

Zip: 32721 Country: Volusia
 Zip: 32721 Country: Volusia

1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
 OWEN, JACK
 823 NORTH WOODLAND BOULEVARD
 PO BOX 1966
 DELAND FL 32721

4. FEI Number: NO-T APPLICABLE
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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* DATE: 3-2-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME: JOHNSON, BILL STREET ADDRESS: 895 MINERAL RIGHTS RD CITY-ST-ZIP: DE LEON SPRINGS FL 32130	<input type="checkbox"/> Delete
TITLE: VTD NAME: AVDELOTT, GRAY STREET ADDRESS: 2753 OAK ROAD CITY-ST-ZIP: DELAND FL 32720	<input type="checkbox"/> Delete
TITLE: SD NAME: WEBBER, BILLY G STREET ADDRESS: 29 VILLA VILLAR CT CITY-ST-ZIP: DELAND FL 32724	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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 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* DATE: 3-2-05 DAYTIME PHONE #: 786-985-4218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR