

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N35482

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



Principal Place of Business
**823 N. BLVD.
DELAND, FL 32721-2708 US**

Mailing Address
**PO BOX 1966
DELAND, FL 32721-1966 US**



01272008 No Chg-NP

CR2E037 (4/06)

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**

**DO NOT WRITE
IN THIS SPACE**

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 R Owen
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

02-04-2008

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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 SWEITZER, TODD
STREET ADDRESS 47220 SOUTH WEST AVE
CITY-ST-ZIP PAISLEY, FL 32767

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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02/20/08-80018-018-61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Bill Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-04-08

Date

Daytime Phone #