

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35482

FILED  
Jan 11, 2009  
Secretary of State

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

**Current Principal Place of Business:**

823 N. BLVD.  
DELAND, FL 327212708 US

**New Principal Place of Business:**

823 NORTH WOODLAND BLVD.  
DELAND, FL 32724 US

**Current Mailing Address:**

PO BOX 1966  
DELAND, FL 327211966 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

OWEN, JACK R  
823 NORTH WOODLAND BOULEVARD  
DELAND, FL 327211966 US

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: JACK R. OWEN

01/11/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JOHNSON, BILL  
Address: 895 MINERAL RIGHTS RD  
City-St-Zip: DE LEON SPRINGS, FL 32130 US

Title: VTD ( ) Delete  
Name: AVDELOTT, GRAY  
Address: 2753 OAK ROAD  
City-St-Zip: DELAND, FL 32720

Title: SD ( ) Delete  
Name: SWEITZER, TODD  
Address: 47220 SOUTH WEST AVE  
City-St-Zip: PAISLEY, FL 32767

**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 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: BILL JOHNSON

PD

01/11/2009

Electronic Signature of Signing Officer or Director

Date