FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50317 (9)

1. Corporation Name
FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF DELAND, INC.

Principal Place of Business	Mailing Address
1401 WEST NEW YORK AVE. DELAND FL	1401 WEST NEW YORK AVE. DELAND FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1992
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-1852739 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FREE, M. ELAINE
103 WEST WISCONSIN
SUITE 203
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name: ROBERT S. MCKIBBEN
82 Street Address (P.O. Box Number is Not Acceptable): 412 N. BOSTON AVE
83
84 City: DELAND, 85 FL Zip Code: 32724

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert S McKibben — ROBERT S MCKIBBEN — DATE: 4/26/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE	BOB MCKIBBEN	☐ Change ☒ Addition
NAME	TRAVERS, PAUL	12 NAME		
STREET ADDRESS	1119 VALLEY VIEW DR. OMIT	13 STREET ADDRESS	412 N. BOSTON AVE	
CITY-ST-ZIP	DELAND FL	14 CITY-ST-ZIP	DELAND, FL 32724	
TITLE	T	21 TITLE		☐ Change ☐ Addition
NAME	MEAD, ROY	22 NAME		
STREET ADDRESS	1049 S. AUDUBON AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	DELEON SPRGS FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, MARY KAY	32 NAME		
STREET ADDRESS	301 E. KENTUCKY AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	BLAND, ROBERT	42 NAME		
STREET ADDRESS	2528 PARK LAKE DR	43 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	44 CITY-ST-ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	DIERSTEIN, JESSE	52 NAME		
STREET ADDRESS	248 S. HULL ST.	53 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	54 CITY-ST-ZIP		
TITLE	C	61 TITLE		☐ Change ☐ Addition
NAME	BLAND, ROBERT	62 NAME		
STREET ADDRESS	2528 PARK LAKE DR	63 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert B. Bland — April 26, 1995 — 904/734-3767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #