## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N50317

(9)

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

Principal Place of Business

Mailing Address

## FILED Feb 03 1997 8:00am Secretary of State



1401 WEST NEW YORK AVE. DELAND FL		1401 WEST NEW YORK AVE. DELAND FL 32720-4919				
				3. Date Incorporated or Qualified 08/06/1992	3a. Date of Last Report 07/12/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1852739	Applied For	
21		26	26		Not Applicable	
Suite, Apt. #, etc.		Sulte, Apt. #, etc.	<b>⊢¬</b>		S8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25		30		Yes No	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
			81 Name	OBERT MCKIBBE	, r	
MCKIBBEN, ROBERT S.				82 Street Address (P.O. Box Number is Not Acceptable)		
412 N. BOSTON AVE.				112 S. COLORADO AVE.		
SUITE 203						
DELAND FL 32724				· · · · · · · · · · · · · · · · · · ·	85 Zip Code	
			84 34	ZAND	FL 85 Zip Code 3272 U	
11. Pursuant t	o the provisions of Sections 617.05	02 and 617.1508, Florida Statute	s, 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 617.0503, Florida Statutes.						
SIGNATURE						
SIGNATURE -	Signature, typed or printed name of registored a	gent and title if applicable. (NOTE	Registered Agent eignature		DATE	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	T	DELETE	1.1 TOTLE		Change	
NAME	MCKIBBEN, BOB		1.2 NAME	ROBERT NCKIBBEN	_ !!	
STREET ADDRESS	412 N. BOSTON AVE.		13 STREET ADDRESS	ROBERT NCKIBBEN 112 B. COLORADO AUE	; li	
CITY-ST-ZIP	DELAND FL		1.4 CITY-ST-ZIP	DELAND TL 327	24	
TITLE	1	☐ DELETE	2.1 TITLE		Change Addition	
NAME	MEAD, ROY		2.2 NAME			
STREET ADDRESS	1049 S. AUDUBON AVE.		2.3 STREET ADDRESS			
CITY-ST-ZIP	DELEON SPRGS FL		2. 4 CITY - ST - ZIP		i	
TITLE	T	DELETE	3.1 TITLE		Change Addition	
NAME	ROBINSON, MARY KAY		3.2 NAME			
STREET ADORESS	301 E. KENTUCKY AVE.		3.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL		3.4. CITY-ST-ZIP			
TITLE	T	DELETE	4.1 TITLE		Change Addition	
NAME	BLAND, ROBERT		4, 2 NAME		1	
STREET ADDRESS	2528 PARK LAKE DR		4.3 STREET ADDRESS		· ·	
CITY-ST-ZIP	DELAND FL		4.4 CITY-ST-ZIP		·	
TITLE	T	☐ DELETE	5.1 TITLE		Change Addition	
NAME	DIERSTEIN, JESSE		5.2 NAME		11 12	
STREET ADDRESS	246 S. HULL ST.		5.3 STREET ADDRESS		<b>/</b>  2 13	
CITY-ST-ZIP	DELAND FL		5.4 CITY-ST-ZIP		1' 4/	
TITLE	C	DELETE	6.1 TITLE	50000202	Change Addition	
NAME	BRAGUE, RICHARD		6.2 NAME	50000207 -02/04/97010	24062	
STREET ADDRESS	754 W ARIZONA AVE		63 STREET ADDRESS	***61.25	<u>-</u> • • • • • • • • • • • • • • • • • • •	
CITY-ST-ZIP	DELAND FL		6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 receiptor 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 chapted, or on an address.

SIGNATURE:

NATURE AND TYPES OR PRINTED WANTE OF SIGNING OFFICER OR DIRECTOR

1997

Daytime Phone # 0013398