

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50317

FILED
Mar 15, 2004
Secretary of State

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

Current Principal Place of Business:

1401 WEST NEW YORK AVE.
DELAND, FL

New Principal Place of Business:

1401 WEST NEW YORK AVE.
DELAND, FL 32720

Current Mailing Address:

1401 WEST NEW YORK AVE.
DELAND, FL

New Mailing Address:

1401 WEST NEW YORK AVE.
DELAND, FL 32720

FEI Number: 59-1852739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRAGUE, RICHARD
754 W ARIZONA AVE
DELAND, FL 32720 US

Name and Address of New Registered Agent:

POWERS, AL
2804 CONCORD ROAD
DELAND, FL 32720 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: AL POWERS

03/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ROSEKELLY, CAROL
Address: 1540 W BERESFORD
City-St-Zip: DELAND, FL 32720

Title: T () Delete
Name: BRAGUE, RICHARD
Address: 754 W ARIZONA AVE
City-St-Zip: DELAND, FL 32720

Title: T () Delete
Name: LITKE, CAROLYN
Address: BOX 1251
City-St-Zip: DELAND, FL 32720

Title: T () Delete
Name: RENNELLS, HERM
Address: 117 N TEMPLE ST
City-St-Zip: DELAND, FL 32720

Title: C () Delete
Name: ASHTON, AARON P
Address: 114 N. TEMPLE ST
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: POWERS, AL
Address: 2804 CONCORD ROAD
City-St-Zip: DELAND, FL 32720

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 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 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: AL POWERS

T

03/15/2004

Electronic Signature of Signing Officer or Director

Date