

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50317

FILED  
Apr 10, 2007  
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 32720

**New Principal Place of Business:**

**Current Mailing Address:**

1401 WEST NEW YORK AVE.  
DELAND, FL 32720

**New Mailing Address:**

**FEI Number:** 59-1852739

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POWERS, AL  
2804 CONCORD ROAD  
DELAND, FL 32720 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: POWERS, AL  
Address: 2804 CONCORD ROAD  
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: BLAND, ROBERT  
Address: 2528 PARK LAKE DR.  
City-St-Zip: DELAND, FL 32724

Title: C ( ) Delete  
Name: HODGES, BARBARA  
Address: 509 CAMELIA ST.  
City-St-Zip: DELAND, FL 32724

Title: T ( ) Delete  
Name: BULLARD, ROGER  
Address: 523 LAND O LAKES  
City-St-Zip: DELAND, FL 32720

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:

Title: T (X) Change ( ) Addition  
Name: HODGES, BARBARA  
Address: 509 CAMELIA ST.  
City-St-Zip: DELAND, FL 32724

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

Title: C ( ) Change (X) Addition  
Name: DROOKER, JERRY  
Address: 1343 GOOD EARTH DRIVE  
City-St-Zip: DELEON SPRINGS, FL 32130

I hereby certify that the information supplied with this filing does not qualify for the 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: AL POWERS

T

04/10/2007

Electronic Signature of Signing Officer or Director

Date