2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 17, 2008 8:00 am Secretary of State DOCUMENT # N50317 1. Entity Name 04-17-2008 90025 021 ****61.25 FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF DELAND, INC. Principal Place of Business Mailing Address 1401 WEST NEW YORK AVE. 1401 WEST NEW YORK AVE. DELAND FL 32720 DELAND FL 32720 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-1852739 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POWERS, AL Street Address (P.O. Box Number is Not Acceptable) 2804 CONCORD ROAD DELAND FL 32720 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tille if applicable, (NOTE: Registered Agent signature required when reinstating) inicativita Nobeleberaji egas t FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State en sommente de la composition de la co OFFICERS AND DIRECTORS . 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change ☐ Addition POWERS, AL NAME NAME 2804 CONCORD ROAD STREET ADDRESS STREET ADDRESS DELAND FL 32720 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate TITLE ☐ Change Addition LITKE, CAROLYN NAME NAME BOX 1251 STREET ADDRESS STREET ADDRESS DELAND FL 32720 CITY-ST-ZIP CITY-ST-ZIP TITLE **Z** Delete TITLE ☐ Change ☐ Addition BLAND, ROBERT NAME NAME STREET ADDRESS 2528 PARK LAKE DR. STREET ADDRESS CITY-ST-7IP DELAND FL 32724 CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change Addition NAME HODGES, BARBARA NAME STREET ADDRESS 509 CAMELIA ST. STREET ADDRESS DELAND FL 32724 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition BULLARD, ROGER MARKE NAME 523 LAND O LAKES STREET ADDRESS STREET ADDRESS DELAND FL 32720 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition DROOKER, JERRY NAME NAME STREET ADDRESS 1343 GOOD EARTH DRIVE STREET ADDRESS DELEON SPRINGS FL 32130 CITY-ST-7IP CHTY+ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 10 or Block 11 if changed, or on an affacting with an address, with all other like empowered.

SIGNATURE:

3/14/08

734-9441

FILED