

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N51198

1. Entity Name
THE CHRISTIAN CHURCH AT DELEON SPRINGS, INC.



Principal Place of Business
**4481 MILLS RD
DELEON SPRINGS, FL 32130 US**

Mailing Address
**P.O. BOX 454
DELEON SPRINGS, FL 32130**



04052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3147326

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROOKS, ROBERT C.
4890 MERWIN ST.
DELEON SPRINGS, FL 32130**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when retaking)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | D |
| NAME | BROOKS, ROBERT C. |
| STREET ADDRESS | 4890 MERWIN ST. |
| CITY-ST-ZIP | DELEON SPGS., FL |
| TITLE | T |
| NAME | MARPOLE, THOMAS A |
| STREET ADDRESS | 314 KATRINA ST |
| CITY-ST-ZIP | DELEON SPRINGS, FL |
| TITLE | D |
| NAME | SWANN, JAMES T. |
| STREET ADDRESS | 528 CYGNET LANE |
| CITY-ST-ZIP | DELAND, FL |
| TITLE | T |
| NAME | HANSBROUGH, VICKIE |
| STREET ADDRESS | 1169 9TH AVE. |
| CITY-ST-ZIP | DELAND, FL 32724 |
| TITLE | T |
| NAME | UNDERWOOD, JIM |
| STREET ADDRESS | 3797 WILLOW RD. |
| CITY-ST-ZIP | DELAND, FL 32720 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000294456
04/08/05-80069-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 attachment with an address, with all other like empowered.

SIGNATURE: Vickie Hansbrough Vickie Hansbrough 4-505 (386) 7362209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #