

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
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**

DO NOT WRITE IN THIS SPACE



04092007 No Chg-NP CR2E037 (4/06)

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

**DO NOT WRITE
IN THIS SPACE**

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

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000701402
04/20/07-80057-002 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, ROBERT C. 4890 MERWIN ST. DELEON SPGS., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARPOLE, THOMAS A 314 KATRINA ST DELEON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANN, JAMES T. 526 CYGNET LANE DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANSBROUGH, VICKIE 1169 9TH AVE. DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T UNDERWOOD, JIM 3797 WILLOW RD. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** 4-9-07 (386) 7736-2019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #