SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 27 AM 10:18
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # **N93000000779 (9)**

1. Corporation Name

CHURCH OF CHRIST AT 1120 SOUTH THOMPSON AVENUE, DELAND, FLORIDA INCORPORATED

Principal Place of Business	Mailing Address
1120 S THOMPSON AVE DELAND FL 32720	1120 S. THOMPSON AVE. DELAND FL 32720

3. Date Incorporated or Qualified: 03/04/1993
3a. Date of Last Report: 06/20/1994
4. FEI Number: 59-2483282 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BELL SR., ABRAHAM W.
905 ROSEWOOD ST.
DAYTONA BEACH FL 32117

10. Name and Address of New Registered Agent

01 Name: Leon L. Clements Sr.
02 Street Address (P.O. Box Number is Not Acceptable): 300 North Rd.
03: Enterprise,
04 City: FL 05 Zip Code: 32725

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: Leon L Clements Sr. DATE: 7/13
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	President ☑ Change ☐ Addition
NAME	BELL, ABRAHAM W. SR.	12 NAME	STACEY MOBLEY
STREET ADDRESS	905 ROSEWOOD ST.	13 STREET ADDRESS	1645 DUNLAWTON AVE #1022
CITY-ST-ZIP	DAYTONA BEACH FL	14 CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	VTD	21 TITLE	Vice President ☑ Change ☐ Addition
NAME	WELLS, MICHAEL	22 NAME	Leon L. Clements Sr.
STREET ADDRESS	1449 PORTOLA AVE	23 STREET ADDRESS	300 No. Rd.
CITY-ST-ZIP	DELTONA FL	24 CITY-ST-ZIP	Enterprise, FL. 32725
TITLE	SD	31 TITLE	Secretary ☑ Change ☐ Addition
NAME	MOBLEY, WILLIAM A JR	32 NAME	Robert L. Mann
STREET ADDRESS	101 ALETHA DR	33 STREET ADDRESS	309 E. Volusia
CITY ST ZIP	DAYTONA BCH. FL 32114	34 CITY-ST ZIP	DeLand, FL. 32724
TITLE	D	41 TITLE	Treasure ☐ Change ☐ Addition
NAME	EDWARDS, ALBERT BRO	42 NAME	Willam A. Mobley Jr.
STREET ADDRESS	709 S. PARSONS AVE.	43 STREET ADDRESS	101 Aletha Dr.
CITY ST ZIP	DELTONA FL 32720	44 CITY-ST ZIP	Daytona Bch. FL. 32114
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MOBLEY, STACEY L	52 NAME	
STREET ADDRESS	101 ALETHA DR	53 STREET ADDRESS	
CITY ST ZIP	DAYTONA BCH. FL 32114	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	LANE, TERRY	62 NAME	
STREET ADDRESS	1113 SO DELAWE AVE	63 STREET ADDRESS	
CITY ST ZIP	DELAND FL 32720	64 CITY ST ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leon L Clements Sr. 7-28-95 904-322-7628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003643