

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000779 (9)

1. Corporation Name

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

Principal Place of Business

1120 S THOMPSON AVE
DELAND FL 32720

Mailing Address

1120 S. THOMPSON AVE.
DELAND FL 32720



3. Date Incorporated or Qualified
03/04/1993

3a. Date of Last Report
07/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2483282

Applied For
Not Applicable

Suite, Apt #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLEMENTS, LEON L SR
300 NORTH RD
ENTERPRISE FL 32725

81 Name

William Mobley Jr

82 Street Address (P.O. Box Number is Not Acceptable)

101 Aletha Drive

83

84 City

DAYTONA BEACH

FL

85

Zip Code

32114

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

William Mobley Jr

(NOTE: Registered Agent signature required when reinstating)

3-1-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MOBLEY, STACEY	
STREET ADDRESS	1645 DUNLAWTON AVE 1022	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CLEMENTS, LEON L SR	
STREET ADDRESS	300 NORTH RD	
CITY-ST-ZIP	ENTERPRISE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MANN, ROBERT L	
STREET ADDRESS	308 E VOLUSIA	
CITY-ST-ZIP	DELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOBEY, WILLIAM A JR	
STREET ADDRESS	101 ALETHAN DR	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOBLEY, STACEY L	
STREET ADDRESS	101 ALETHA DR	
CITY-ST-ZIP	DAYTONA BCH. FL 32114	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANE, TERRY	
STREET ADDRESS	1113 SO DELAWE AVE	
CITY-ST-ZIP	DELAND FL 32720	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STACEY MOBLEY
1.3 STREET ADDRESS	1645 DUNLAWTON AVE 1022
1.4 CITY-ST-ZIP	PORT ORANGE FL 32127
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	LEON HAYTON
2.4 CITY-ST-ZIP	629 CEDAR PARK DRIVE DAYTONA BEACH FL 32117
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIT William Mobley Jr
4.3 STREET ADDRESS	101 Aletha Drive
4.4 CITY-ST-ZIP	DAYTONA BEACH FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-96

Date

904-322-7628

Daytime Phone #

CR2E037 (12/95)