

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

Mailing Address

**1120 S THOMPSON AVE
DELAND FL 32720**

**1120 S. THOMPSON AVE.
DELAND FL 32720-7449**



3. Date Incorporated or Qualified
03/04/1993

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOBLEY, WILLIAM JR
101 ALEHTA DR
DAYTONA BEACH FL 32114**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	MOBLEY, STACEY	
STREET ADDRESS	1645 DUNLAWTON AVE 1022	
CITY-ST-ZIP	PORT ORANGE FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	HOUSTON, LEROY	
STREET ADDRESS	629 CEONE PARK DR	
CITY-ST-ZIP	DAYTONA BEACH FL	

TITLE	PT	<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	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

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 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:

William Mobley Jr

CR2E037 (9/96)