

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90058 004 ****61.25

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03222005 Chg-NP CR2E037 (10/03)

DOCUMENT # N94000001229 1. Entity Name PLYMOUTH AVENUE CHRISTIAN CHURCH, INC.																																																																																																																				
Principal Place of Business 1101 E PLYMOUTH AVENUE DELAND, FL 32724			Mailing Address 1101 E PLYMOUTH AVENUE DELAND, FL 32724																																																																																																																	
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Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																	
City & State			City & State																																																																																																																	
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4. FEI Number 59-2345719				Applied For <input type="checkbox"/> Not Applicable																																																																																																																
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																
6. Name and Address of Current Registered Agent SMITH, PHILIP T 1101 E PLYMOUTH AVENUE DELAND, FL 32724			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																				
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>S</td> <td></td> </tr> <tr> <td></td> <td>MCDERMOTT, DAN</td> <td></td> </tr> <tr> <td></td> <td>%1101 E PLYMOUTH AVENUE</td> <td></td> </tr> <tr> <td></td> <td>DELAND, FL 32724</td> <td></td> </tr> <tr> <td></td> <td>CT</td> <td></td> </tr> <tr> <td></td> <td>SMITH, WALTER</td> <td></td> </tr> <tr> <td></td> <td>C/O 1101 E PLYMOUTH AVE</td> <td></td> </tr> <tr> <td></td> <td>DELAND, FL 32724</td> <td></td> </tr> <tr> <td></td> <td>DT</td> <td></td> </tr> <tr> <td></td> <td>SMITH, PHILIP T</td> <td></td> </tr> <tr> <td></td> <td>%1101 E PLYMOUTH AVE</td> <td></td> </tr> <tr> <td></td> <td>DELAND, FL 32724</td> <td></td> </tr> <tr> <td></td> <td>D</td> <td></td> </tr> <tr> <td></td> <td>RODRIGUEZ, CHET</td> <td></td> </tr> <tr> <td></td> <td>1101 E. PLYMOUTH AVENUE</td> <td></td> </tr> <tr> <td></td> <td>DELAND, FL 32724</td> <td></td> </tr> <tr> <td></td> <td>D</td> <td></td> </tr> <tr> <td></td> <td>GREEN, WILLIAM</td> <td></td> </tr> <tr> <td></td> <td>%1101 E PLYMOUTH AVENUE</td> <td></td> </tr> <tr> <td></td> <td>DELAND, FL</td> <td></td> </tr> <tr> <td></td> <td>D</td> <td></td> </tr> <tr> <td></td> <td>BABIN, KEN</td> <td></td> </tr> <tr> <td></td> <td>1101 E. PLYMOUTH AVENUE</td> <td></td> </tr> <tr> <td></td> <td>DELAND, FL 32724</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	STREET ADDRESS			CITY-ST-ZIP				S			MCDERMOTT, DAN			%1101 E PLYMOUTH AVENUE			DELAND, FL 32724			CT			SMITH, WALTER			C/O 1101 E PLYMOUTH AVE			DELAND, FL 32724			DT			SMITH, PHILIP T			%1101 E PLYMOUTH AVE			DELAND, FL 32724			D			RODRIGUEZ, CHET			1101 E. PLYMOUTH AVENUE			DELAND, FL 32724			D			GREEN, WILLIAM			%1101 E PLYMOUTH AVENUE			DELAND, FL			D			BABIN, KEN			1101 E. PLYMOUTH AVENUE			DELAND, FL 32724		TITLE	NAME	Change Addition	STREET ADDRESS			CITY-ST-ZIP																							
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																				