

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **717333** (9)
1. Corporation Name
DAYTONA CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business: **221 HARTFORD AVE DAYTONA BEACH FL 32118-0313**
Mailing Address: **221 HARTFORD AVE DAYTONA BEACH FL 32118-0313**

3. Date Incorporated or Qualified: **10/13/1969**
3a. Date of Last Report: **04/11/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 23-7055906	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	29	Country				
30							

9. Name and Address of Current Registered Agent

**DANDURAND, ROBERT
221 HARTFORD AVE.
DAYTONA BCH. FL 32118-0313**

10. Name and Address of New Registered Agent

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 (Applicable) (NOTE: Registered Agent signature requires when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISLEY, SONDR	12 NAME	
STREET ADDRESS	742 N. TREMAIN ST.	13 STREET ADDRESS	
CITY-ST-ZIP	MT. DORA FL	14 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALRYMPLE, JERRY	22 NAME	
STREET ADDRESS	19220 IMMAKALEE ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANDURAND, ROBERT	32 NAME	
STREET ADDRESS	221 HARTFORD AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH. FL	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISLEY, FLOYD	42 NAME	
STREET ADDRESS	742 N.TREMAIN ST.	43 STREET ADDRESS	
CITY-ST-ZIP	MT.DORA FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULIBARRI, SALLY	52 NAME	
STREET ADDRESS	5 GENERAL DOOLITTLE RD.	53 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Robert Dandurand* **Robert DANDURAND** 2-21-96 258-6142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)