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**Mar 11 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 # 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 32118-3313
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3. Date Incorporated or Qualified 10/13/1969	3a. Date of Last Report 02/29/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 23-7055906	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country	24	30
25	29		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DANDURAND, ROBERT 221 HARTFORD AVE. DAYTONA BCH. FL 32118-0313	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 _____ **DATE** _____
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISLEY, SONDRA	1.2 NAME	
STREET ADDRESS	742 N. TREMAIN ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MT. DORA FL	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALRYMPLE, JERRY	2.2 NAME	
STREET ADDRESS	19220 IMMAKALEE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	2.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANDURAND, ROBERT	3.2 NAME	
STREET ADDRESS	221 HARTFORD AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BCH. FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISLEY, FLOYD	4.2 NAME	
STREET ADDRESS	742 N.TREMAIN ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MT.DORA FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULIBARRI, SALLY	5.2 NAME	
STREET ADDRESS	5 GENERAL DOOLITTLE RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Robert W. Dandurand* **DATE:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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