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Mar 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717333

1. Corporation Name
DAYTONA CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business 2565 BUENA VISTA DRIVE DELAND FL 32724 US	Mailing Address 2565 BUENA VISTA DRIVE DELAND FL 32724 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/13/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7055906
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DANDURAND, ROBERT
2565 BUENA VISTA DRIVE
DELAND FL 32724

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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, SONDR	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	2565 BUENA VISTA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	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
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STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ 2-1-99 738-4990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (11/98)