2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 23, 2006 08:00 AN **DOCUMENT # 717333** Secretary of State 1. Entity Name DAYTONA CHRISTIAN FELLOWSHIP, INC. Principal Place of Business Mailing Address 2565 BUENA VISTA DRIVE DELAND FL 32724 2565 BUENA VISTA DRIVE DELAND FL 32724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 23-7055906 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANDURAND, ROBERT 2565 BUENA VISTA DRIVE Street Address (P.O. Box Number is Not Acceptable) DELAND FL 32724 City Zip Code 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstitting) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD THLE ☐ Delete THLE Change RISLEY, SONDRA NAME NAME 742 N. TREMAIN ST. STREET ADDRESS STREET ADDRESS MT. DORA FL CITY - ST- ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Add" MACPHIE, JOHN NAME NAME 1310 LA MIRADA CT. STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP CITY-ST-ZIP U00000395737 Change TITLE ☐ Delete TITLE NAME DANDURAND, ROBERT NAME 01/27/06-80004-017 61. STREET ADDRESS 2565 BUENA VISTA DRIVE STREET ADDRESS CITY-ST-719 DELAND FL 32724 CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME RISLEY, FLOYD NAME STREET ADDRESS 742 N.TREMAIN ST. STREET ADDRESS CITY-ST-ZIP MT.DORA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Ada ULIBARRI, SALLY NAME NAME 5 GENERAL DOOLITTLE RD. STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Add NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 direction of the corporation of 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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