


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90109 014 ****61.25

DOCUMENT # 717333

1. Entity Name
DAYTONA CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business Mailing Address

**2565 BUENA VISTA DRIVE
DELAND FL 32724
US**

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DELAND FL 32724
US**

00047988



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7055906** Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DANDURAND, ROBERT
2565 BUENA VISTA DRIVE
DELAND FL 32724**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD RISLEY, SONDR	<input type="checkbox"/> Delete
STREET ADDRESS	742 N. TREMAIN ST.	
CITY-ST-ZIP	MT. DORA FL	
TITLE NAME	V DALRYMPLE, JERRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	19220 IMMAKALEE ROAD	
CITY-ST-ZIP	NAPLES FL	
TITLE NAME	ST DANDURAND, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	2565 BUENA VISTA DRIVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE NAME	D RISLEY, FLOYD	<input type="checkbox"/> Delete
STREET ADDRESS	742 N. TREMAIN ST.	
CITY-ST-ZIP	MT. DORA FL	
TITLE NAME	D ULIBARRI, SALLY	<input type="checkbox"/> Delete
STREET ADDRESS	5 GENERAL DOOLITTLE RD.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	V MacPhie, John	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1310 La Mirada Ct	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **SIGNATURE REQUIRED**

1-28-03 738-4990

CR2E037 (10/02)