## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 29, 2005 8:00 am Secretary of State DOCUMENT # N07521 1. Entity Name 03-29-2005 90023 013 \*\*\*\*70 00 ROCK CHURCH OF DAYTONA BEACH, INC. Mailing Address Principal Place of Business 1818 TAYLOR RD. PORT ORANGE FL 32128 1818 TAYLOR RD. PORT ORANGE FL 32128 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number -59-2454925 Not Applicable Zip Country 7in 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 Name GORINI, FREDERICK D. Street Address (P.O. Box Number is Not Acceptable) 135 BROOKSIDE DR. PORT ORANGE FL 32128 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Defete Change ☐ Addition TITLE TITLE GORINI, FREDERICK D. NAME NAME 135 BROOKSIDE DR STREET ADDRESS STREET ADDRESS PORT ORANGE FL 32128 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition LLOYD, AUTHUR E. JR. NAME 9159 SADDLE CLUB DRIVE STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH FL 32168 CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Addition TITLE CATALANO ANNETTE CATALANO, GREG NAME NAME 6337 PALMAS BAY CIRCLE STREET ADDRESS STREET ADDRESS PORT ORANGE FL 32127 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAMÈ NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP ☐ Delete TITLE Change RUE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(i), 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 organizate empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ddress, with all other like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK D. GORINI

changed, or on an attachment with

SIGNATURE:

**FILED**