

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2001 8:00 am
Secretary of State

08-15-2001 90007 021 ****61.25

DOCUMENT # 717333

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7055906**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE
 NAME **PD RISLEY, SONDRA** ☐ Delete
 STREET ADDRESS **742 N. TREMAIN ST.**
 CITY-ST-ZIP **MT. DORA FL**

TITLE
 NAME **V DALRYMPLE, JERRY** ☐ Delete
 STREET ADDRESS **19220 IMMAKALEE ROAD**
 CITY-ST-ZIP **NAPLES FL**

TITLE
 NAME **ST DANDURAND, ROBERT** ☐ Delete
 STREET ADDRESS **2565 BUENA VISTA DRIVE**
 CITY-ST-ZIP **DELAND FL 32724**

TITLE
 NAME **D RISLEY, FLOYD** ☐ Delete
 STREET ADDRESS **742 N. TREMAIN ST.**
 CITY-ST-ZIP **MT. DORA FL**

TITLE
 NAME **D UUBARRI, SALLY** ☐ Delete
 STREET ADDRESS **5 GENERAL DOOLITTLE RD.**
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
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 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ 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)(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 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:

ROBERT DANDURAND

8-10-01

738-4990

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CR2E037 (5/01)