

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005974

Entity Name: A FAMILY CHURCH, INC.

FILED
Jan 30, 2007
Secretary of State

Current Principal Place of Business:

240 N. FREDERICK
SUITE B
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

240 N. FREDERICK
SUITE B
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 55-0828183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEIRSTEAD, PETER C
651 MARISOL DR
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: KEIRSTEAD, PETER C
Address: 651 MARISOL DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VS () Delete
Name: KEIRSTEAD, SHAYLAN M
Address: 651 MARISOL DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ASST () Delete
Name: SHULTZ, CHRISTIANA
Address: 1380 GARFIELD
City-St-Zip: SOUTH DAYTONA, FL 32118

Title: D () Delete
Name: HUSKINS, DAVID
Address: 1890 ROME HWY
City-St-Zip: CEDARTOWN, GA 30125 US

Title: D () Delete
Name: DUFOE, JAMES
Address: 1366 DEXTER DR
City-St-Zip: PORT ORANGE, FL 32119

Title: D () Delete
Name: NIXON, JULIE M MS
Address: 3620 CARMEL AVE #55
City-St-Zip: PORT ORANGE, FL 32129 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ASST (X) Change () Addition
Name: SHULTZ, CHRISTINA
Address: 2272 GARFIELD
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DUFOE, JAMES
Address: 1366 DEXTER DR E
City-St-Zip: PORT ORANGE, FL 32119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER C KEIRSTEAD

PT

01/30/2007

Electronic Signature of Signing Officer or Director

Date