


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90862 035 ****61.25

60045990



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|--------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # 701063 |  |
| 1. Entity Name DAYTONA CHRISTIAN CHURCH, INC. | |

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| Principal Place of Business 1135 SIXTH STREET DAYTONA BCH, FL 32117 | Mailing Address 1135 SIXTH STREET DAYTONA BCH, FL 32117 |
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|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01092007 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 59-1083101 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|------------------------------------------------------------------------|--|----------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| EMERY III, WILLIAM V 115 E. GRANADA BLVD. ORMOND BEACH, FL 32176 | | 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 _____

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|---------------------------------------------|------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---------------------------------------------|------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|

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|------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RUMERY, DORIS 2111 NO. HALIFAX AVE. DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Theresa Berry 1950 Papaya Drive South Daytona FL 32119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M PARRISH, DALE 176 POINT O'WOODS DR DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Interim Minister John R. Moorehead 143 University Circle Ormond Beach FL 32176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HAMILTON, WILLIAM L JR 1241 DEL MASO DR DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Trustee Ernie Martin 1706 Palm Road Ormond Beach FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SPIVEY, THOMAS 429 TOMOKA AVE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Trustee Paul Meyers 1950 E. Avocado Drive Daytona Beach FL 32124 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FAIRCLOTH, JERRY 1486 CARMEN AVENUE HOLLY HILL, FL 32117 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Theresa Berry Theresa Berry 4/23/07 255-0561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #