

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90389 031 \*\*\*\*61.25

<b>DOCUMENT # 701063</b> 1. Entity Name DAYTONA CHRISTIAN CHURCH, INC.					
Principal Place of Business 1135 SIXTH STREET DAYTONA BCH, FL 32117			Mailing Address 1135 SIXTH STREET DAYTONA BCH, FL 32117		
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	4. FEI Number <b>59-1083101</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>EMERY III, WILLIAM V</b> <b>115 E. GRANADA BLVD.</b> <b>ORMOND BEACH, FL 32176</b>				7. Name and Address of New Registered Agent Name <b>Ronald L. Norton</b> Street Address (P.O. Box Number is Not Acceptable) <b>283 South Janice Lane</b> City <b>Ormond Beach, FL</b> Zip Code <b>32174</b>	
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.  <div style="display: flex; justify-content: space-between;"> <div>           Chairman of Elders            SIGNATURE <u>Ronald L. Norton</u>  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="text-align: center;">   <small>(NOTE: Registered Agent signature required when registering)</small> </div> <div>           DATE  <b>4-22-08</b> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b> <b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERRY, THERESA 1950 PAPAYA DR DAYTONA BEACH, FL 32119	<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	M MOOREHEAD, JOHN R 143 UNIVERSITY CIR ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Minister James Ray 82 Palmwood Dr. Palm Coast, FL 32164 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, ERNIE 1706 PALM RD ORMOND BEACH, FL 32174	<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	T MEYERS, PAUL 1950 E AVOCADO DR DAYTONA BEACH, FL 32124	<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	T FAIRCLOTH, JERRY 1488 CARMEN AVENUE HOLLY HILL, FL 32117	<input checked="" 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	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.				
<b>SIGNATURE:</b> <u>Theresa Berry</u> Theresa Berry, Treasurer <span style="float: right;">4/21/08 386-255-0561</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					