

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 701063

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

PO BOX 9936

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11162008

Chg-NP

CR2E037 (12/06)

City & State

City & State

DAYTONA BEACH FL

4. FEI Number

59-1083101

Applied For

Not Applicable

Zip

Country

Zip

Country

32114

Volusia

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

NORTON, RONALD L
283 S JANICE LANE
ORMOND BEACH, FL 32174

Name

DONALD V DUGAN

Street Address (P.O. Box Number is Not Acceptable)

1216 GOLFVIEW DR

City

DAYTONA BEACH

FL

Zip Code

32114

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

Donald V Dugan

DONALD V DUGAN

11/18/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BERRY, THERESA	
STREET ADDRESS	1950 PAPAYA DR	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	RAY, JAMES	
STREET ADDRESS	82 PALMWOOD DR	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTIN, ERNIE	
STREET ADDRESS	1706 PALM RD	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEYERS, PAUL	
STREET ADDRESS	1950 E AVOCADO DR	
CITY-ST-ZIP	DAYTONA BEACH, FL 32124	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	GRACE EMERY	
STREET ADDRESS	41 TWIN RIVER DR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	DEACON	<input type="checkbox"/> Delete
NAME	ROGER GOODRICH	
STREET ADDRESS	543 JACOBSEN ST	
CITY-ST-ZIP	HOLLY HILL FL 32117	

TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD V DUGAN	
STREET ADDRESS	1216 GOLFVIEW DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	BOB ELSWICK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1591 HARMONY AVE	
STREET ADDRESS	ORMOND BEACH FL 32174	
CITY-ST-ZIP		
TITLE	000138239010	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11/24/08--01059--019	
STREET ADDRESS	**61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

Donald V Dugan

DONALD V DUGAN

11/18/08

386 255-6960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/29