2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# 707312

Entity Name: SOUTH DAYTONA CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

2121 KENILWORTH AVENUE
SOUTH DAYTONA, FL 32119

New Principal Place of Business:

Current Mailing Address:

2121 KENILWORTH AVENUE
SOUTH DAYTONA, FL 32119

New Mailing Address:

FEI Number: 59-1352906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAGLIARI, KAREN
3483 COUNTRY WALK DR
PORT ORANGE, FL 32129 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: S ( ) Delete
Name: HAKOJARVI, DAVID
Address: 571 TOUCHSTONE CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

Title: P ( ) Delete
Name: MERKELY, JOE
Address: 2418 ORIOLE LANE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: T ( ) Delete
Name: DUGGER, GLENN
Address: 1318 ALCORN ROAD
City-St-Zip: PORT ORANGE, FL 32119

Title: V ( ) Delete
Name: SMITH, BOBBY
Address: 633 DORIS PLACE
City-St-Zip: SOUTH DAYTONA, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: FOWLER, JAY
Address: 601 DORIS PLACE
City-St-Zip: SOUTH DAYTONA, FL 32119

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: KAREN PAGLIARI RA 02/17/2009

Electronic Signature of Signing Officer or Director — Date