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FILED
Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708420** (5)

1. Corporation Name

**CHRISTIAN AND MISSIONARY ALLIANCE CHURCH OF DAYT
ONA BEACH, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**1250 BEVILLE ROAD
DAYTONA BEACH FL 32114-2718**

**1250 BEVILLE ROAD
DAYTONA BEACH FL 32114-2718**

3. Date Incorporated or Qualified

02/02/1965

4. FEI Number

59-0839547

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 Zip

Country

29 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHORE, BRIAN REV.
467 APPLE COURT
PORT ORANGE FL 32127**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

SHORE, BRIAN M.

STREET ADDRESS

467 APPLE COURT

CITY - ST - ZIP

PORT ORANGE FL

TITLE

S

☐ DELETE

NAME

GRIGG, CHERI

STREET ADDRESS

1401 DEXTER DRIVE N.

CITY - ST - ZIP

PORT ORANGE FL

TITLE

T

☐ DELETE

NAME

BARGER, TERESA

STREET ADDRESS

5828 NOB HILL BLVD.

CITY - ST - ZIP

PORT ORANGE FL

TITLE

D

☐ DELETE

NAME

VASTA, PAT

STREET ADDRESS

222 CUMBERLAND AVENUE

CITY - ST - ZIP

ORMOND BEACH FL

TITLE

D

☐ DELETE

NAME

VASTA, MICHAEL

STREET ADDRESS

222 CUMBERLAND AVE.

CITY - ST - ZIP

ORMOND BEACH FL

TITLE

D

☐ DELETE

NAME

CONLAN, RALPH

STREET ADDRESS

275 COUNTRY CIRCLE DRIVE

CITY - ST - ZIP

DAYTONA BEACH FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Teresa Barger

4-8-98

CR2E037 (1097)