


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 708420					
1. Corporation Name CHRISTIAN AND MISSIONARY ALLIANCE CHURCH OF DAYT ONA BEACH, FLORIDA, INC.					
Principal Place of Business 1250 BEVILLE ROAD DAYTONA BEACH FL 32114-2718			Mailing Address 1250 BEVILLE ROAD DAYTONA BEACH FL 32114-2718		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/02/1965 4. FEI Number 59-0839547 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SHORE, BRIAN REV. 467 APPLE COURT PORT ORANGE FL 32127				10. Name and Address of New Registered Agent 81 Name Hoover, Richard REV. 82 Street Address (P.O. Box Number is Not Acceptable) 1342 Hurst Street 83 84 City Holly Hill FL 85 Zip Code 32117	

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: <u>Rev. Richard Hoover</u> DATE: <u>4-16-99</u> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHORE, BRIAN M. 467 APPLE COURT PORT ORANGE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P Richard Hoover 1342 Hurst Street Holly Hill, FL 32117 Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIGG, CHERI 1401 DEXTER DRIVE N. PORT ORANGE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S Brian Zinck 1245 Eddie Drive Port Orange, FL 32119 Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARGER, TERESA 5828 NOB HILL BLVD. PORT ORANGE FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T John Ledgerwood 1919 Jackson Lane Daytona Beach, FL 32124 Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASTA, PAT 222 CUMBERLAND AVENUE ORMOND BEACH FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Steve Grigg 1401 Dexter Drive North Port Orange, FL 32119 Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASTA, MICHAEL 222 CUMBERLAND AVE. ORMOND BEACH FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Esther Frazier 824 Sugarhouse Drive Port Orange, FL 32119 Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONLAN, RALPH 275 COUNTRY CIRCLE DRIVE DAYTONA BEACH FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Lisa Lanier 719 S. Beach ST, APT B-105 Daytona Beach, FL 32114 Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

Daytime Phone #

CR2E037. (11/98)