

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90010 002 \*\*\*\*61.25

**DOCUMENT # 708420**

1. Entity Name

**CHRISTIAN AND MISSIONARY ALLIANCE CHURCH OF  
DAYTONA 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

**59-0839547**

Applied For

Not Applicable

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

**O'BRIEN, WILLIAM D  
1250 BEVILLE RD  
DAYTONA BEACH FL 32119**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☐ Delete  
NAME **P**  
STREET ADDRESS **FRANKLIN, GAIL**  
CITY-ST-ZIP **3013 S ATLANTIC AVE #403  
DAYTONA BEACH FL 32118**

TITLE ☐ Change ☒ Addition  
NAME **Sean Garner**  
STREET ADDRESS **1182 Peachtree Road**  
CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE ☒ Delete  
NAME **S**  
STREET ADDRESS **GRIGG, CHERI**  
CITY-ST-ZIP **1401 DEXTER DR N  
DAYTONA BEACH FL 32118**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **T**  
STREET ADDRESS **O'BRIEN, WILLIAM**  
CITY-ST-ZIP **731 HORSEMAN DR  
DAYTONA BEACH FL 32127**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GRIGG, STEVE**  
CITY-ST-ZIP **1401 DEXTER DR NORTH  
PORT ORANGE FL 32119**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **FRAZIER, ESTHER**  
CITY-ST-ZIP **824 SUGARHOUSE DR  
PORT ORANGE FL 32119**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **GECTAR, DANNY**  
CITY-ST-ZIP **1313 ANDREW RD  
PORT ORANGE FL 32129**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Sean Garner*

4/8/04

(386) 253-3751