

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90112 015 ****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

1st MOORE

CR2E037 (10/05)

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

Steve Grigg
1250 Beville Rd
Daytona Beach,
FL 32114

Name **Southeast District-Daytona CEMA**

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

1250 Beville Rd.

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

Steve Grigg

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 **FRANKLIN, GAIL**
STREET ADDRESS **68 CLUB HOUSE DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ Change ☐ Addition
NAME **[X]**
STREET ADDRESS **[X]**
CITY-ST-ZIP **[X]**

TITLE ☒ Delete
NAME **GARNER, SEAN**
STREET ADDRESS **1182 PEACHTREE RD.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Change ☐ Addition
NAME **[X]**
STREET ADDRESS **[X]**
CITY-ST-ZIP **[X]**

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

TITLE ☐ Change ☐ Addition
NAME **[X]**
STREET ADDRESS **[X]**
CITY-ST-ZIP **[X]**

TITLE ☐ Delete
NAME **BARGER, TERESA**
STREET ADDRESS **5828 NOB HILL BOULEVARD**
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ Change ☐ Addition
NAME **[X]**
STREET ADDRESS **[X]**
CITY-ST-ZIP **[X]**

TITLE ☐ Delete
NAME **[X]**
STREET ADDRESS **[X]**
CITY-ST-ZIP **[X]**

TITLE ☐ Change ☐ Addition
NAME **[X]**
STREET ADDRESS **[X]**
CITY-ST-ZIP **[X]**

TITLE ☐ Delete
NAME **[X]**
STREET ADDRESS **[X]**
CITY-ST-ZIP **[X]**

TITLE ☐ Change ☐ Addition
NAME **[X]**
STREET ADDRESS **[X]**
CITY-ST-ZIP **[X]**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Steve GRIGG

Steve Grigg

4-6-06